Department of Veterans Affairs

Capital Asset Realignment for Enhanced Services

VISN 16

Market Plans

Attention

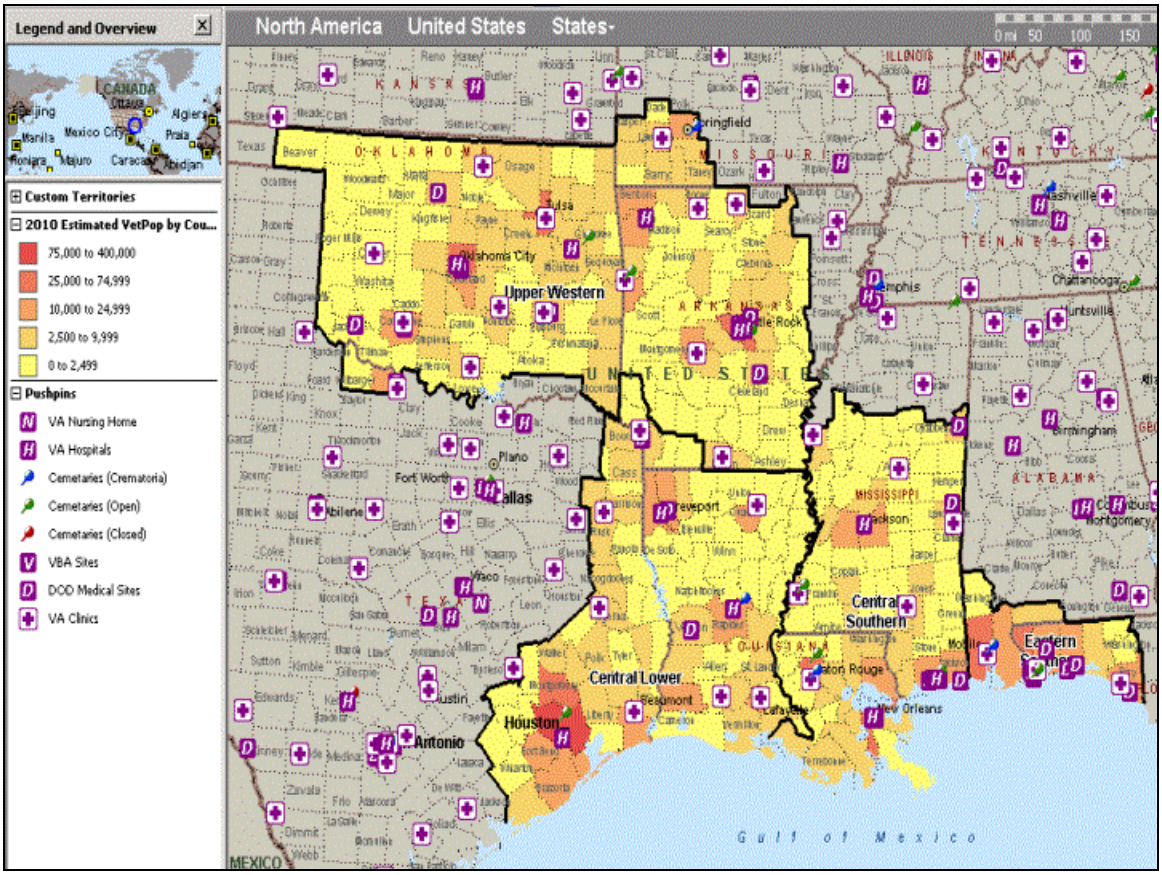
The VISNs developed the initial CARES Market plans under direction from the National CARES Program Office (NCPO). After these were submitted by the VISN, they were utilized as the basis for the National CARES Plan. However, the CARES National Plan includes policy decisions and plans made at the National Level which differ from the detailed Network Market Plans. Therefore, some National policy decisions that are in the National Plan are not reflected in the Network Market Plans. These initial VISN Market Plans have detailed narratives and data at the VISN, Market and Facility level and are available on the National CARES Internet Site : <<http://www.va.gov/CARES/>>.

Table of Contents – VISN 16

I. VISN Level Information

A. Description of the Network/Market/Facilities

1. Map of VISN Markets



2. Market Definitions

Market Designation: VISN 16 is proposing 4 CARES Markets and 1 sub-market as follows:

Market	Includes	Rationale	Shared Counties
Central Lower Code: 16A	38 counties in Texas, 5 counties in Arkansas, 41 parishes in Louisiana 1 sub-market: 16a-1 Harris	Includes 84 counties from the Eastern Gulf Coast of Texas through Southern Gulf Coast of Louisiana and Central Louisiana. The market includes one large urban tertiary medical center, one medium tertiary medical center and a secondary medical center with large extended care and mental health programs. This market encompasses the highest density of veteran population within VISN 16. The Central Lower Market includes one sub market, Harris County, which warrants further zip code analysis due to its sizable veteran population. In addition to the highly urban areas in Eastern Texas, Houston VAMC provides tertiary and specialized medical care to veterans throughout the VISN and surrounding states. Houston is the largest urban area, with difficult traffic patterns for veterans to access health care. VISN 17 borders this market area from the Oklahoma state line down the western Louisiana state line and has requested we examine veteran crossover utilization of health care services between the respective networks. Alexandria and Shreveport VAMCs are aligned through a Senior Management agreement and would also benefit in sharing the same market area.	VISN 17- Requested the Central Lower Market of SCVAHCN explore opportunities for sharing and developing strategies for the Eastern Texas border from the Oklahoma State line down to the Gulf Coast. A meeting has been scheduled to discuss the Smith sub-market of VISN 17 involving three counties of VISN 16: Gregg, Upshur and Rusk.

Market	Includes	Rationale	Shared Counties
Central Southern Code: 16C	57 counties in Mississippi23 remaining parishes in Louisiana	The Central Southern Market includes 80 Mississippi and Louisiana counties/parishes that transverse the Mississippi River includes Lake Ponchartrain, the New Orleans metropolitan area, and the Gulf Coast of Mississippi. Tertiary care facilities are located in two urban areas with large veteran population density, New Orleans and Jackson. Gulfport VAMC division and the Biloxi VAMC division of the Gulf Coast Veterans Health Care System are included in this market and offer unique opportunities for planning initiatives in this market. The referral patterns and the geography of this market were considered an important factor in keeping all Mississippi counties together.	Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed at this time. VISN 7 & 9 has not requested any discussion of a shared market in this area.
Eastern Southern Code: 16B	4 counties in Alabama 7 counties in Florida	The Eastern Southern Market includes 11 counties in Alabama and Florida. The market has experienced considerable population growth in the past year; in addition this is a significant Department of Defense retirement community. Active military facilities are interwoven in this market and provide excellent sharing opportunities for providing health care to veterans. The market presently does not have a VA hospital and is supported by a large Community-Based Outpatient Clinic (CBOC) in Pensacola, FL. The closest VA hospital is in Biloxi, MS, a significant travel distance for most veterans in this area.	VISN 7 and VISN 8 would like to collaborate on the Eastern Southern Market as the Southern Alabama and Georgia counties have similar concerns regarding growth and lack of health care services in the panhandle of Florida. VISN 16 is in the process of exploring options with DoD who have several military medical facilities in the panhandle of Florida. This is a viable option to provide secondary

Market	Includes	Rationale	Shared Counties
			hospital coverage for all three VISN's.
Upper Western Code: 16D	73 counties in Oklahoma47 counties in Arkansas10 counties in Missouri2 counties in Texas	The Upper Western Market includes 132 counties, largely rural areas with small population counties and large urban areas in each corner of the market. The market includes all Oklahoma counties, two Texas counties, the majority of Arkansas counties and ten Missouri counties. The market has experienced sizeable population growth in the past year, especially in the Tulsa, OK and Fayetteville, AR areas. The market is rural and highly rural in Western Oklahoma and Southern Arkansas and population data supports urban areas in Oklahoma City, Tulsa, Fayetteville and Little Rock. The facilities included in this market area range from highly affiliated tertiary centers, Central Arkansas VA Healthcare System (North Little Rock and Little Rock) and Oklahoma City, to small primary facilities in Fayetteville and Muskogee. The increased population growth has occurred in smaller facilities areas resulting in significant planning needs for enhanced resources and utilization of resources. Establishing secondary services will be needed in these areas to solve veteran access and timeliness issues of specialty services not presently offered in primary hospitals.	VISN 15 and the Upper Western Market will collaborate regarding the 10 Missouri counties. VISN 15 did not include any of VISN 16 counties in their submission but has had several stakeholder comments about the Springfield area lacking adequate services. VISN 15 & 16 has also agreed to have a joint planning meeting.

3. Facility List

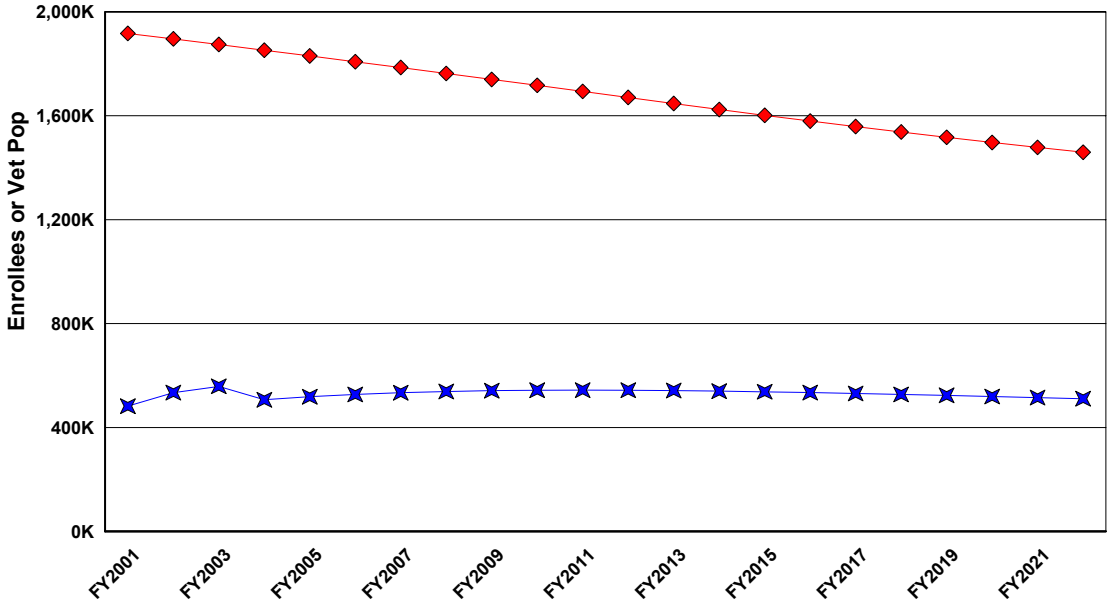
VISN : 16				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Alexandria				
502 Alexandria	✔	✔	-	-
502GA Jennings	✔	-	-	-
502GB Lafayette Parish	✔	-	-	-
Biloxi				
520 Gulf Coast HCS	✔	✔	-	-
520BZ Pensacola	✔	-	-	-
520GA Mobile	✔	-	-	-
520GB Panama City	✔	-	-	-
Fayetteville (AR)				
564 Fayetteville AR	✔	✔	-	-
564BY Gene Taylor	✔	-	-	-
564GA Harrison	✔	-	-	-
564GB Ft. Smith	✔	-	-	-
Gulfport				
520A0 Gulfport	-	-	-	✔
Houston				
580 Houston	✔	✔	✔	-
580BY Beaumont	✔	-	-	-
580BZ Lufkin	✔	-	-	-
Jackson				
586GE Natchez (Adams County)	✔	-	-	-
586 G. V. (Sonny) Montgomery VAMC	✔	✔	✔	-
586GA Durant (Kosciusko)	✔	-	-	-
586GB Meridian	✔	-	-	-
586GC Greenville	✔	-	-	-

586GD Hattiesburg	✔	-	-	-
Little Rock				
598 Central AR. Veterans HCS LR	✔	✔	✔	-
598GA Mountain Home	✔	-	-	-
598GB Eldorado	✔	-	-	-
598GC Hot Springs	✔	-	-	-
Muskogee				
623 Muskogee	✔	✔	-	-
623BY Tulsa	✔	-	-	-
623GA Warren Clinic-McAlister	✔	-	-	-
N. Little Rock				
598A0 Central Ar. Veterans HCS NLR	✔	✔	-	-
New Orleans				
629 New Orleans	✔	✔	✔	-
629BY Baton Rouge	✔	-	-	-
Oklahoma City				
635 Oklahoma City	✔	✔	✔	-
635GA Lawton	✔	-	-	-
635GB Wichita Falls	✔	-	-	-
635GC Ponca City	✔	-	-	-
635GD Konawa/Seminole County	✔	-	-	-
635HA Clinton	✔	-	-	-
635HB Ardmore	✔	-	-	-
Shreveport				
667 Overton Brooks VAMC	✔	✔	✔	-
667GA Texarkana	✔	-	-	-
667GB Monroe	✔	-	-	-
667GC Longview	✔	-	-	-
Eastern Southern Hospital				

New Eastern Southern Hospital	-	✔	-	-

4. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



5. Planning Initiatives and Collaborative Opportunities

a. Effective Use of Resources

Effective Use of Resources		
PI?	**Issue**	**Rationale/Comments Re: PI**
Y	Small Facility Planning Initiative	Muskogee is under 40 beds. (Medicine/Psychiatry) Its mission is Acute and Long term care. We do feel it should be a planning initiative.
Y	Proximity 60 Mile Acute	Gulf Coast HCS (Biloxi and Gulfport Divisions). Gulfport Division is 8 miles from Biloxi Division. We believe there is the potential for major realignment or consolidation at the Biloxi Gulfport Division.
N	Proximity 60 Mile Acute	Central AK HCS has been an integrated facility for over 20 years. Missions have been aligned to maximize efficiencies.
N	Proximity 120 Mile Tertiary	No facility fell within the proximity gap
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

b. Special Disabilities

Special Disability Population		
PI?	**Special Disability Population**	**Rationale/Comments**
Y	Blind Rehabilitation	increase in demand supports pi for center
Y	Spinal Cord Injury and Disorders	increase in demand supports pi for center

c. Collaborative Opportunities

Collaborative Opportunities for use during development of Market Plans		
CO?	**Collaborative Opportunities**	**Rationale/Comments**
Y	Enhanced Use	Houston was identified as having one of the 20 high-Potential Enhanced Use Lease opportunities for VHA.
Y	Enhanced Use	The Gulfport Division, located on 108 acres, has 348,820 sq. ft. and vacant space of over 64,943 sq. ft. The entire campus of Gulf Port has potential for Enhanced Use.
Y	VBA	North Little Rock AR campus already co-located has been identified for new VBA construction.
Y	NCA	There are potential **NCA** opportunities with the VA that were found in VISN 16 for review and analysis. Consider this potential opportunity in the development of the Market Plan. Sites: Alexandria, Biloxi
Y	DOD	There are potential DoD opportunities with the VA that were found in V16 fo review and analysis. In the Eastern Southern Market there is sharing potential for inpatient medical care at the Naval Air Station (Corey Station), Eglin and Tyndall. In addition, primary care at Pensacola Naval Airstation (Cory Station), Hurlburt (Duke Field), and Tyndall. Consider collaboration & sharing of Inpatient Medical and Surgical programs with DoD at Biloxi MS and Keesler AFB. Potential of shared services with Tinker AFB.

d. Other Issues

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	**Other Issues**	**Rationale/Comments**
Y	Lack of acute and primary care in the Florida Panhandle, Eastern Southern Market	Resolution of this PI will be addressed under the Primary Care and Hospital Care Access PIs for the Eastern Southern Market.

e. Market Capacity Planning Initiatives

Central Lower Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Specialty Care	Population Based *	341,006		332,532	**98%**	281,189	**82%**
	Treating Facility Based **	339,508		323,821	**95%**	272,611	**80%**
Surgery	Population Based *	32,901		3,663	**11%**	(2,543)	**-8%**
	Treating Facility Based **	33,773		2,907	**9%**	(3,288)	**-10%**

Central Southern

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	262,873		143,784	**55%**	91,091	**35%**
	Treating Facility Based **	360,248		209,479	**58%**	141,926	**39%**
Specialty Care	Population Based *	241,364		221,896	**92%**	183,211	**76%**
	Treating Facility Based **	323,775		324,065	**100%**	280,231	**87%**
Medicine	Population Based *	42,738		31,149	**73%**	17,860	**42%**
	Treating Facility Based **	48,357		44,842	**93%**	29,301	**61%**
Psychiatry	Population Based *	30171		12486	**41%**	6990	**23%**
	Treating Facility Based **	38671		16232.94	**42%**	9040.56	**23%**

Eastern Southern Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	79,991		91,521	**114%**	77,384	**97%**
	Treating Facility Based **						
Specialty Care	Population Based *	76,413		121,493	**159%**	117,495	**154%**
	Treating Facility Based **						
Medicine	Population Based *	6,735		16,212	**241%**	13,645	**203%**
	Treating Facility Based **						

Upper Western Market

Category	Type of Gap	FY2001 Baseline	Fy 2001 Modeled ***	FY 2012 Gap	FY 2012 % Gap	FY 2022 Gap	FY 2022 % Gap
Primary Care	Population Based *	466,316		189,422	**41%**	96,682	**21%**
	Treating Facility Based **	463,191		162,041	**35%**	74,370	**16%**
Specialty Care	Population Based *	374,211		388,578	**104%**	325,804	**87%**
	Treating Facility Based **	360,137		371,039	**103%**	311,166	**86%**
Medicine	Population Based *	75,775		33,639	**44%**	13,556	**18%**
	Treating Facility Based **	79,938		34,560	**43%**	14,523	**18%**
Psychiatry	Population Based *	50452		25146	**50%**	14190	**28%**
	Treating Facility Based **	48167		26164.42	**54%**	15349.96	**32%**

* – Population Based: Sum of the workload demand based on where the enrollee lives. Sum of the workload projections for the enrollees living in the counties geographically located in the Market. This is not necessarily where they go for care.

** – Treating Facility Based: Sum of the workload demand based on where the enrollee goes for care. Sum of the facility data for the facilities geographically located in the Market. (Due to the traffic or ever referral patterns, the population based and treating facility projections will not match at the market level, although nationally they will be equal)

*** – Modeled data is the Consultants projection based on what the workload **would have been if adjusted for community standards**.

6. Stakeholder Information

Summary narrative on key stakeholder issues by Market, and how the comments/concerns were incorporated in the Market Plan.

Stakeholder Narrative:

The network supported CARES communications efforts at the local level by providing informational letters from the network director, fact sheets, and news releases. At the facility level, these products were distributed to the following stakeholders: Members of Congress, VSOs, academic affiliates, employees, union representatives, VBA, NCA, DoD, and the general public. In addition, at the network level, these products were distributed to the Network MAC, the Academic Leadership Council, Joint Cooperative Council, the Workforce Development Group, and the Network Office. The Network MAC was briefed on three separate occasions since phase II of CARES began in June. Health Beat, the network's patient newsletter, was mailed to about 350,000 veterans in December 2002. This issue included an article about the CARES process. In February 2003, another issue of Health Beat was mailed to about 350,000 veterans. This issue included an update about CARES in the network portion of the newsletter. The facility portion of the newsletter included Market-specific planning initiatives, or gaps identified by VACO. This issue provided veterans a mailing address and contact information to comment about CARES.
The network has received a minimal amount of significant comments from stakeholders about CARES. Overall, the network is projected to see a 6% increase in veterans in the next 20 years. These projections are reflected in the gaps that were identified on the market plans. Overall, stakeholders believe – correctly so we believe – that CARES will have a favorable impact on resources and services in the SCVAHCN network. (The network received only one negative gap that will have a minimal impact on two facilities.)
The network, however, does recognize there are some "issues of significant interest."
Florida Panhandle: This fast-growing region in the Eastern Southern Market has a hospital access gap. The area does not include a VA medical center. In addition, there has been (independent of CARES) a great deal of interest from Members of Congress and the Department of Defense. The Network Director personally has met and discussed options for this area with DoD officials, Members of Congress, and other key stakeholders.
Proximity: VA Gulf Coast Veterans Health Care System includes facilities in Biloxi and Gulfport that are eight miles apart. The CARES guidance criteria requires that an option be explored to eliminate one facility, explore opportunities for efficiencies and potential improvements in quality of care through mission changes and/or consolidation of services. Option 1 call for closing the Gulfport facility. Historically, there has been (independent of CARES) concern about a potential closure of Gulfport. In addition to supporting the local medical center leadership, the Network Director has directly discussed the matter with DoD officials, Members of Congress and other key stakeholders.

Small facility planning initiative: The Upper Western Market includes a small facility planning initiative. The Muskogee VA Medical Center is projected to require 36 beds in 2012 and 27 beds in 2022. The national initiative calls for justification of a continued inpatient presence. Local medical center leadership was proactive in discussing this initiative with stakeholders and included a union representative on their Market Team and at their employee briefings. Stakeholders support the option of expanding Muskogee's mission to include establishing a short-term rehabilitation medicine program and an inpatient psychiatric unit.
Special Populations: In February, VACO identified gaps in Spinal Cord Injury and Blind Rehab. The network's Market Plans call for establishing a SCI unit at the North Little Rock Campus of the Central Arkansas Veterans Healthcare System and a Blind Rehab center at the Biloxi division of the GCVHCS. Preliminary indicators suggest stakeholders will view these initiatives favorably.

7. Collaboration with Other VISNs

Summary narrative of collaborations with neighboring VISNs, and result of collaborations. Include overview of Proximity issues across VISNs.

Collaboration with Other VISNs Narrative:

VISN 16 Shared Markets- Market boundaries within the Network have been designed to incorporate the existing veteran service area for the parent facility. This does not preclude future planning of services within the market.
VISN 16 borders five networks; VISN 17 on the Western side from Oklahoma to the Gulf Coast of Texas; VISN 15 on the Oklahoma northern border and 10 counties in Missouri; VISN 9 in the Northern Mississippi border; VISN 7 & 8 surrounding the panhandle of Florida and Southern Alabama counties.
Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed.
VISN 17- Requested the Central Lower Market of SCVAHCN explore opportunities for sharing and developing strategies for the Eastern Texas border from the Oklahoma State line down to the coastline of Texas. A meeting was held in August, 2002 to discuss the Smith sub-market of VISN 17 involving three counties of VISN 16: Gregg; Upshur and Rusk. The conclusion of this meeting was found to be very productive in the planning of several opportunities between the two VISN's. In summary, VISN 16 & 17 agreed to collaborate on future CBOC's locations and would share costs and procedures for sharing agreements that would benefit from jointly discussing contract fee services. Mental Health and Blind Rehab programs were also discussed and would be of great interest for VISN 16 to explore the opportunities available in Waco, TX for utilization of these programs for VISN 16's Upper Western and Central Lower Markets.

As new CBOC clinics are being explored, VISN 16 and 17 will need to continue in discussions regarding the impact of opening clinics in Mena, AR; Conroe, TX; Richmond, TX and expanding Wichita Falls to accommodate VISN 17's counties. A shared clinic in the College Station area was discussed but not pursued until Houston's primary care access issues are resolved.

VISN 15 and the Upper Western Market will collaborate regarding the 10 Missouri counties. VISN 15 did not include any of VISN 16 counties in their submission but has had several stakeholder comments about the Springfield area lacking adequate services. Upper Western Market has addressed this concern with the proposed CBOC in Springfield, MO targeted for FY 2004.

VISN 7 and VISN 8 would like to collaborate with the Eastern Southern Market as the Southern Alabama and Georgia counties have similar concerns regarding growth and lack of health care services in the panhandle of Florida and Southern Georgia. VISN 16 is in the process of exploring options with DoD who have several military medical facilities in the panhandle of Florida. This is a viable option to provide secondary hospital coverage for all three VISN's. In conclusion, VISN 8 and VISN 7 discussed the opportunity to have access to sharing agreements that VISN 16 would negotiate with DoD facilities in the panhandle of Florida. If VISN 16 planned on building an inpatient facility the other networks were interested in accessing this facility. The solutions to the planning initiatives include DoD collaboration for hospital care, inpatient medicine beds, specialty care and primary care. A 140,000 square foot joint VA/DoD state-of-the-art Ambulatory Care Clinic on the Corry Naval Station in Pensacola, Florida is planned to replace the current Pensacola CBOC and the Corry Naval Station Medical Branch Clinic. Space will be included in the clinic for specialty care and primary care. An additional 60,000 square feet will be added to the clinic to meet the specialty and ancillary/Diagnostic space gaps. VA/DoD sharing agreements will be increased and/or established to meet the gaps in inpatient medicine and hospital care.

B. Resolution of VISN Level Planning Initiatives

1. Proximity Planning Initiatives (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Proximity Narrative:

The Gulf Coast Veterans Health Care System is a five-division health care system with hospitals at Gulfport and Biloxi MS. The two hospital divisions are eight miles apart and have been consolidated for over 30 years. The health care system also has three CBOCs located in Mobile, AL, Pensacola and Panama City FL. The Biloxi Division serves as the general medical facility providing outpatient primary and specialty care services and inpatient medical and surgical services. It also houses a domiciliary and a nursing home care unit, support services and administrative functions. This division has minimal vacant space – approximately 9000 NSF. The Gulfport Division consists of approximately 90 acres, of which 50 are located on beachfront property on the Gulf of Mexico. The remaining 40 acres is largely vacant except for a VA laundry facility. The Gulfport Division provides inpatient and outpatient mental health services and houses an Alzheimer's dementia unit. Other clinical services located at the Gulfport Division include Psychology Service, Rehabilitation Medicine including a therapeutic pool, Day Treatment, Volunteer Service, Primary Care and Audiology. Administrative services including Fiscal, A&MM, MCCR, Fee Basis and VSO offices are also located on the campus. Referrals are accepted from Jackson, New Orleans and other medical centers in VISN 16. Active duty personnel from DoD Health Care Services Region IV are also treated through a VA/DoD sharing agreement. Many of the buildings are on the national register of historic buildings and some of the buildings are vacant and uninhabitable due to environmental issues. There is approximately 65,000 NSF of vacant space at the campus. The Gulfport property is prime gulf-front real estate that would be optimal for enhanced use purposes. The enhanced use option was explored with the Office of Economic and Enterprise Development in FY 00 and FY 01. The campus has several buildings that require significant renovations to render them useful to accept future workload. This, coupled with the historic preservation issue raises the cost of maintaining and upgrading the campus. The team discussed three options: Option 1: Close Gulfport Division and enter into an enhanced use agreement for the use of the property; enter into a sharing agreement to share clinical services with the adjacent Keesler AFB medical center that will be mutually beneficial for the overall needs of the Gulf Coast Veterans Health Care System and Keesler Air Force Medical Center. Clinical services to be shared have not been determined. Negotiations are ongoing. A construction project will be required to house the administrative and clinical programs currently provided at the Gulfport Division that cannot be accommodated at the Biloxi VA or Keesler hospital. The scope and cost will be significantly less than option 2.b below. Option 2: Close Gulfport Division; enter

into an enhanced use agreement for the use of the property; and construct new facilities at Biloxi to accommodate federal healthcare in the area to include: services currently at Gulfport; services currently provided to Keesler medical center, i.e. inpatient psychiatry; inpatient psychiatry for the western portion of the Eastern Southern market; future initiatives identified for the Central Southern market; and future services provided to Keesler medical center, i.e. inpatient medicine and surgery. This will improve all dimensions of care and efficiency. Construction of new facilities will improve the quality, safety, and environment of the occupants. It will provide space for the projected healthcare needs for the area. It will have a positive impact on affiliations through an improved environment and enhanced access. Option 3: Maintain and renovate Gulfport division to accommodate projected federal healthcare in the area through FY 2022.

2. Special Disability Planning Initiative (if appropriate)

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

Your analysis should include the following:

1. Describe the impact that the planning initiative will have on the mandated funding levels for special disability programs:
    - SCI
    - Blind Rehab
    - SMI
    - TBI
    - Substance Abuse
    - Homeless
    - PTSD
2. Discuss how the planning initiative may affect, complement or enhance special disability services.
3. Describe any potential stakeholder issues revolving around special disabilities related to the planning initiative.

Special Disability Narrative:

SCI Planning Initiative:
Develop a new acute SCI/D Center in a tertiary care location reflecting veteran enrollee population density and veteran preferences. The projected bed gap equals 34 beds in FY2012 and 50 beds in FY 2022. In reviewing the current referral patterns for VISN 16 approximately 1/3 of Houston's SCI admission are within the network. The recommendation to add a new SCI Center to VISN 16 would have the potential for negatively impacting multiple other SCI Centers including Houston, Memphis and Dallas.
In March 2003, the network discussed the SCI Planning Initiative with the VISN 16's SCI Program Directors at their annual meeting; in attendance were stakeholders from the PVA and DAV. The model and projection were shared with this group and subsequent conversations were held with VACO program office to clarify the recommendations.
Option 1: Construct 34,672 sq.ft. SCI New Center at the CAVHS-North Little Rock division. This would provide for 25 beds and be activated in FY 2009. The remaining beds would be provided with current referrals to Memphis, Dallas and Houston. The ability to expand this unit is possible on North Little Rock's campus and reserved vacant space. Estimated cost for the construction of the 34,672 square feet center would be $4,772,986. Option 2: Construct 53,388 sq.ft. for 34 beds at the

CAVHS-North Little Rock division. The additional beds needed in FY 2022 would be transferred out to other VISN's programs that have been identified with a negative gap. If unable to meet the needs, the unit could be expanded to 50 beds on North Little Rock's campus. Estimated cost for the construction of 34 beds, a total of 53,388 sq.ft. would cost $7,296,039. Both options would require a new construction project on the CAVHS-North Little Rock's campus. The location was selected as being able to meet the criteria for tertiary care and academic affiliated. The preferred option is to construct the smaller projected bed capacity and continue utilizing the referral pattern to other SCI/D Centers within the network in close proximity

Blind Rehab

Currently in VISN 16 no Blind Rehabilitation Center (BRC) exists. VIST programs are currently offered at 7 Medical Centers and 3 CBOCs. Referrals to other VISN's BRC have been used to provide more extensive services. VISN 16's current baseline data reveals 132 admits, for 4,460 BDOC for an estimated 14 beds. The estimated 2718 legally blind enrollees projects a need for 36 beds in FY 2012 and 37 beds in 2022. VISN 16 plans to locate the new BRC at the GCVHCS in Biloxi. This location was selected for veteran density and the significant growth in the Florida panhandle and the Gulf Coast. VISN 16 is a large geographical area. Locating the BRC with two alternatives allows for the VISN to support referral patterns. In addition, VISN 17 and VISN 16 have agreed to promote referrals to the Waco BRC where feasible. We briefed the VISN 16 Executive Leadership Council. In addition, the VISN's Management Advisory Committee was briefed on options for all PI's with no comments received. Option 1: Construct 20,000 sq. ft. BRC at the GCVHCS Biloxi division. This would provide for 20 beds and be activated in FY 2009. This option would include referrals to Waco, Tucson and Birmingham. Expansion is possible if needed. The estimated cost for this option is $2,051,765 and would continue our current referral patterns. Option 2: Construct 36,000 square feet for 36 beds at GCVHCS Biloxi division. The additional beds needed in FY 2022 were projected to 37 beds. The cost to construct a new BRC is estimated at $3,693,176 and would not provide for current referrals to other network. Option 1 is our preferred option. Additional information is posted on CARES portal for VISN 16 Special Population categories.

C. VISN Identified Planning Initiatives

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria. (See Chapter 5 Attachment 3 guidebook and Market Plan handbook.)

Your analysis should include the following:

1. List all of the VISN PIs and provide a short summary. Post the entire summary documentation on the portal.

VISN Planning Initiatives Narrative:

SCVAHCN identified the lack of acute and primary care in the Florida panhandle, Eastern Southern Market. The resolution of this VISN PI is fully described within the Eastern Southern's PI's for Primary Care and Hospital Care Access, in addition to their capacity PI's for Specialty Care, Primary Care and Inpatient Medicine.

D. VISN Level Data Summary of Post Market Plan (Workload, Space, & Costs)

1. Inpatient Summary

a. Workload

	BDOC Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
INPATIENT CARE	Baseline FY 2001 BDOC	FY 2012 BDOC	FY 2022 BDOC	In House BDOC	Other BDOC	In House BDOC	Other BDOC	Net Present Value
Medicine	208,490	301,261	249,132	259,353	41,918	225,638	23,504	$ 216,947,121
Surgery	88,989	117,451	97,831	108,064	9,396	92,861	4,981	$ (4,229,545)
Psychiatry	122,245	172,040	147,816	153,095	26,713	138,648	15,468	$ 126,617,418
PRRTP	5,389	5,389	5,389	5,389	-	5,389	-	$ -
NHCU/Intermediate	1,035,363	1,035,363	1,035,363	310,989	724,374	310,989	724,374	$ -
Domiciliary	84,704	84,704	84,704	84,704	-	84,704	-	$ -
Spinal Cord Injury	9,883	9,883	9,883	9,883	-	9,883	-	$ (4,772,986)
Blind Rehab	-	-	-	-	-	-	-	$ (2,051,765)
Total	**1,555,063**	**1,726,090**	**1,630,118**	**931,477**	**802,401**	**868,112**	**768,327**	**$ 332,510,243**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
INPATIENT CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Medicine	371,280	655,773	541,332	575,371	502,042	$ 216,947,121
Surgery	140,785	216,718	180,195	204,334	174,602	$ (4,229,545)
Psychiatry	197,744	341,666	294,229	285,501	258,802	$ 126,617,418
PRRTP	48,581	45,976	45,976	37,469	37,469	$ -
NHCU/Intermediate	395,422	397,059	397,059	397,054	397,054	$ -
Domiciliary	127,700	127,700	127,700	127,712	127,712	$ -
Spinal Cord Injury	42,937	42,937	42,937	77,609	77,609	$ (4,772,986)
Blind Rehab	-	-	-	20,000	20,000	$ (2,051,765)
Total	**1,324,449**	**1,827,830**	**1,629,428**	**1,725,050**	**1,595,290**	**$ 332,510,243**

2. Outpatient Summary

a. Workload

	Clinic Stop Projections (from demand)			FY 2012 Projection (from solution)		FY 2022 Projection (from solution)		
Outpatient CARE	Baseline FY 2001 Stops	FY 2012 Stops	FY 2022 Stops	In House Stops	Other Stops	In House Stops	Other Stops	Net Present Value
Primary Care	1,235,083	1,692,697	1,470,624	1,412,359	297,744	1,240,869	247,031	$ 131,272,005
Specialty Care	1,023,418	2,042,344	1,887,426	1,616,233	427,011	1,511,029	377,227	$ 96,889,555
Mental Health	634,227	848,055	732,816	631,239	226,873	588,570	153,523	$ 41,784,127
Ancillary& Diagnostic	1,435,090	2,388,431	2,321,146	1,676,619	729,804	1,652,090	685,209	$ 26,120,373
Total	**4,327,818**	**6,971,526**	**6,412,012**	**5,336,450**	**1,681,432**	**4,992,558**	**1,462,990**	**$ 296,066,060**

b. Space

	Space Projections (from demand)			Post CARES (from solution)		
Outpatient CARE	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Primary Care	494,135	824,363	715,860	722,404	634,875	$ 131,272,005
Specialty Care	843,420	2,284,114	2,108,941	1,889,811	1,768,468	$ 96,889,555
Mental Health	364,454	569,587	488,779	455,930	418,119	$ 41,784,127
Ancillary& Diagnostic	661,691	1,519,612	1,473,767	1,115,030	1,097,228	$ 26,120,373
Total	**2,363,700**	**5,197,677**	**4,787,347**	**4,183,175**	**3,918,690**	**$ 296,066,060**

3. Non-Clinical Summary

	Space Projections (from demand)			Post CARES (from solution)		
NON-CLINICAL	Baseline FY 2001 DGSF	FY 2012 DGSF	FY 2022 DGSF	FY 2012 Projection	FY 2022 Projection	Net Present Value
Research	448,156	448,156	448,156	494,095	708,485	$ (30,259,753)
Admin	2,141,963	3,955,968	3,616,574	2,735,508	2,610,781	$ (15,141,255)
Outleased	506,162	506,162	506,162	514,097	514,097	N/A
Other	384,200	384,200	384,200	363,809	363,809	$ -
Vacant Space	228,743	-	-	(22,357)	(16,405)	$ 146,679,519
Total	**3,709,224**	**5,294,486**	**4,955,092**	**4,085,152**	**4,180,767**	**$ 101,278,511**

II. Market Level Information

A. Central Lower Market

1. Description of Market

a. Market Definition

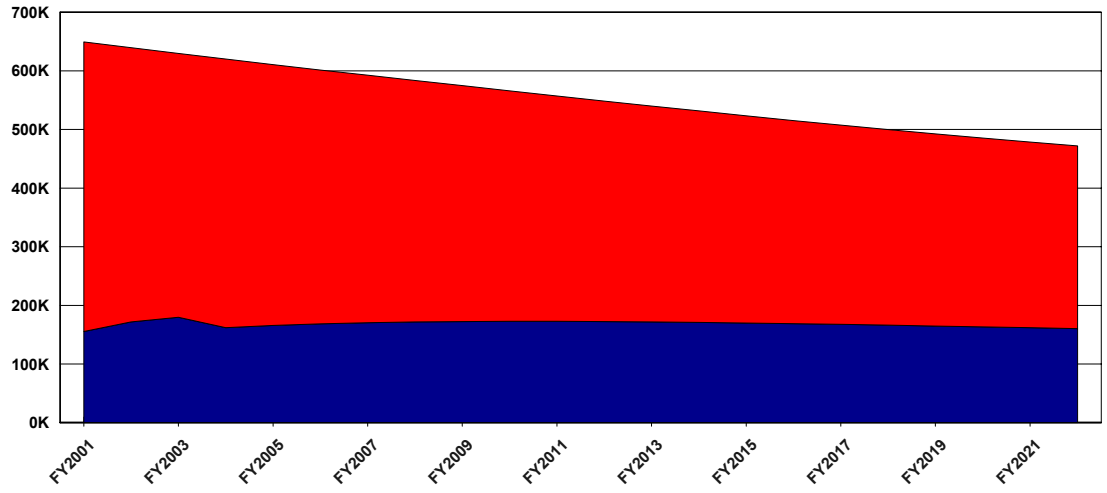
Market	Includes	Rationale	Shared Counties
Central Lower Code: 16A	38 counties in Texas, 5 counties in Arkansas, 41 parishes in Louisiana 1 sub-market: 16a-1 Harris	Includes 84 counties from the Eastern Gulf Coast of Texas through Southern Gulf Coast of Louisiana and Central Louisiana. The market includes one large urban tertiary medical center, one medium tertiary medical center and a secondary medical center with large extended care and mental health programs. This market encompasses the highest density of veteran population within VISN 16. The Central Lower Market includes one sub market, Harris County, which warrants further zip code analysis due to its sizable veteran population. In addition to the highly urban areas in Eastern Texas, Houston VAMC provides tertiary and specialized medical care to veterans throughout the VISN and surrounding states. Houston is the largest urban area, with difficult traffic patterns for veterans to access health care. VISN 17 borders this market area from the Oklahoma state line down the western Louisiana state line and has requested we examine veteran crossover utilization of health care services between the respective networks. Alexandria and Shreveport VAMCs are aligned through a Senior Management agreement and would also benefit in sharing the same market area.	VISN 17- Requested the Central Lower Market of SCVAHCN explore opportunities for sharing and developing strategies for the Eastern Texas border from the Oklahoma State line down to the Gulf Coast. A meeting has been scheduled to discuss the Smith sub-market of VISN 17 involving three counties of VISN 16: Gregg, Upshur and Rusk.

b. Facility List

VISN : 16				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Alexandria				
502 Alexandria	✔	✔	-	-
502GA Jennings	✔	-	-	-
502GB Lafayette Parish	✔	-	-	-
Houston				
580 Houston	✔	✔	✔	-
580BY Beaumont	✔	-	-	-
580BZ Lufkin	✔	-	-	-
Shreveport				
667 Overton Brooks VAMC	✔	✔	✔	-
667GA Texarkana	✔	-	-	-
667GB Monroe	✔	-	-	-
667GC Longview	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Lower Market			Februrary 2003 (New)			
Market Pl	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care					
N	Access to Hospital Care					
N	Access to Tertiary Care					
N	Primary Care Outpatient Stops	Population Based	86,612	21%	20,435	5%
		Treating Facility Based	86,095	21%	19,248	5%
Y	Specialty Care Outpatient Stops	Population Based	332,533	98%	281,190	82%
		Treating Facility Based	323,820	95%	272,610	80%
N	Mental Health Outpatient Stops	Population Based	87,507	51%	39,494	23%
		Treating Facility Based	77,882	48%	34,692	21%
N	Medicine Inpatient Beds	Population Based	45	18%	-8	-3%
		Treating Facility Based	43	17%	-10	-4%
Y	Surgery Inpatient Beds	Population Based	12	11%	-8	-8%
		Treating Facility Based	9	9%	-11	-10%
N	Psychiatry Inpatient Beds	Population Based	30	23%	9	7%
		Treating Facility Based	24	21%	4	3%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholders of the Central Lower Market, which consists of VA medical centers in Shreveport, Alexandria, and Houston were informed about CARES through town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, print news articles, and radio and television news segments. Communication with internal and external stakeholders provided the opportunity for comments and questions. Stakeholders included Members of Congress, Veterans Service Organizations, academic affiliates, employees, union representatives, Veterans Benefits Administration, National Cemetery Administration, the Department of Defense, and the general public.

The issue of additional community-based outpatient clinics has been of particular interest to Lake Charles, La. Lake Charles Mayor Roach has been quite vocal in his desire to have a clinic in his community; however, this interest was expressed prior to launching Phase II of the CARES initiative.

This market has a negative gap for inpatient surgery. In order to address the negative gap, the Alexandria VA will shift about 20% of scheduled inpatient complex surgery to the Shreveport VA following a minor surgery project. Alexandria will continue to provide outpatient surgery for veterans in the area and maintain ability to admit patients for inpatient surgery on an emergency basis. Stakeholders, including employees, were briefed about this option. There have been no substantial comments about this option.

Stakeholders have raised no significant issues about CARES at the medical centers in the market. The Market Plan calls for expansion of primary care and outpatient specialty care services

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Market boundaries within the Network have been designed to incorporate the existing veteran service area for the parent facility. This does not preclude future planning of services within the market. VISN 16 borders five networks; VISN 17 on the Western side from Oklahoma to the Gulf Coast of Texas; VISN 15 on the Oklahoma northern border and 10 counties in Missouri; VISN 9 in the Northern Mississippi border; VISN 7 & 8 surrounding the panhandle of Florida and Southern Alabama counties. Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed. VISN 17 requested the Central Lower Market to explore opportunities for sharing and developing strategies for the Eastern Texas border from the Oklahoma State line down to the coastline of Texas. A meeting was held in August, 2002 to discuss the Smith sub-market of VISN 17 involving three counties of VISN 16: Gregg; Upshur and Rusk. The conclusion of this meeting was found to be very productive in the planning of several opportunities between the two VISN's. In summary, VISN 16 & 17 agreed to collaborate on future CBOC's locations and would share costs and procedures for sharing agreements that would benefit from jointly discussing contract fee services. Mental Health and Blind Rehab programs were also discussed and would be of great interest for VISN 16 to explore the opportunities available in Waco, TX for utilization of these programs for VISN 16's Central Lower Markets. As new CBOC clinics are being explored, VISN 16 and 17 will need to continue in discussions regarding the impact of opening clinics in Conroe, TX and Richmond, TX. A shared clinic in the College Station area was discussed but not pursued until Houston's primary care access issues are resolved.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Central Lower Market consists of 84 counties and parishes in TX and LA, 4 border counties in AR with medical centers in Alexandria, LA, Houston, TX, and Shreveport, LA. Workload and space projections through 2022 indicated the Central Lower Market will have a gap for access to Primary Care and Specialty Care. A negative gap was identified for inpatient surgery at Houston and Alexandria. However, Shreveport was identified with having a positive gap. The following scenarios were developed to address identified gaps. 55% of veterans were within the established driving distance, 70% is the target. The Central Lower Market will establish community-based outpatient clinics in areas of maximum veteran density with a majority of the new clinics established to serve Houston. Other actions would be to expand the Monroe CBOC for Shreveport and to relocate Jennings CBOC to Lake Charles, LA for Alexandria. As part of a VA/DoD sharing agreement a collaborative facility would be established at the Baynes Jones Army Hospital at Ft. Polk, LA. A negative 8 percent gap in Inpatient Surgery projected in 2022 indicates there will be a reduced demand for services. In order to address the negative gap, a collaboration of services between Alexandria and Shreveport will occur with Alexandria shifting 20% of scheduled surgery (inpatient complex procedures) to Shreveport following the completion of their minor surgery project. Alexandria will continue to provide outpatient surgery for veterans in the area and maintain the ability to admit patients for inpatient surgery on an emergency basis. An 82% gap is projected for Outpatient Specialty Care in 2022. The first option for the Central Lower Market will be to construct a major clinical addition in Shreveport, a minor renovation project at Alexandria, and provide additional specialists: audiology, cardiology, neurology, GI, orthopedics, dermatology, general and vascular surgery, ENT urology, podiatry, mental health, optometry/ophthalmology, and women's health at existing medical centers, CBOC's, and future clinic sites. The second option if specialists are not available will be to contract out specialty care stops to local medical centers. No linkages with other VISN's were identified although discussions have occurred with VISN 17 for sharing long-term psychiatry and blind rehab at Waco, TX. The main emphasis of the market plan for the Central Lower Market is to establish CBOCs at 8 new locations with two expansions and one relocation. This emphasis will place PC services conveniently for veterans in the market area. The other emphasis will be to construct a major clinical addition to the VAMC Shreveport that will provide specialty care as well as two minor surgery projects (one in Shreveport and one in Alexandria). A minor project at

Alexandria will restore a building at this facility that is on the National Register of Historic Places and provide additional specialty care space. The main weakness identified in this Market Plan is that there will be considerable capital requirements needed for the major and two minor projects. However, Shreveport has major infrastructure deficiencies and has never had a clinical improvement project since it was constructed in 1950. The market has identified several areas with potential to develop DoD sharing opportunities for both Alexandria and Shreveport. Houston has the opportunity for enhanced use projects to meet future primary and specialty care needs. Potential obstacles to the Market plan include the placement of community based outpatient clinics and the relocation of am existing clinic. Being able to provide additional specialists is an additional obstacle that would need capital funding.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

CARES criteria calls for veterans to be able to drive to a health care facility in 30 minutes in urban and rural areas and 60 minutes in highly rural areas. CARES data has estimated that only 55% of all veterans in the Central Lower market meet the primary care driving time guidelines. 70 percent is the target. The market team mapped veteran enrollees and existing primary care access points and developed 30-minute driving times from each existing primary care access point. The map revealed obvious gaps in the 30-minute drive times predominately in west central Louisiana where the only primary care locations exist at Alexandria and Shreveport and southeast Texas in the Houston metropolitan area. The development of these primary care access points will provide access to 31,000 new enrollees. The implementation of these primary care access points will impact the primary care workload that is seen at the parent facilities as well as at the existing VA staffed CBOCs in Beaumont and Lufkin, TX. Also, by providing primary care access closer to the veterans' homes, we expect an increase in market penetration and an increase in all other medical care services (i.e. specialty care, ancillary/diagnostic services, and inpatient services). Alternative 1: Open leased, VA staffed CBOCs at 8 locations throughout the central lower market area where higher enrollee populations exist. All proposed CBOCs meet VHA Directive 2001-060 criteria for activating CBOCs. Replace leases at two locations with larger leases. Relocate one existing lease to another city to increase the population served. Priorities: (FY 2004) Galveston, TX dual site (77550 and 77590); (FY 2005) Conroe, TX (77301), Fort Polk, LA (71446) collaborative facility with DoD; (FY 2006) Tomball, TX (77375), Natchitoches, LA (71457) (Alexandria / Shreveport Joint Facility); (FY 2007) Katy, TX (77449); (FY 2008) Richmond, TX (77469); (FY 2009) Lake Jackson (77531), Texas. In addition, replace current Lufkin (FY 2005) (75904) facility with new lease; expand Monroe CBOC (71203); relocate (FY 2005) Jennings (70546) to (FY 2006) Lake Charles (70601); and open (FY 2005) collaborative facility with DOD at the (71446) Baynes-Jones Army Hospital at Ft. Polk, LA. Upon activation of the above CBOCs and relocation and expansion of existing CBOCs, 70% of the veteran enrollees will be within 30 minutes of primary care sites. Alternative 2: Establish contract, capitated community based outpatient clinics. The Central Lower Market determined that leased clinics with VA staff could provide higher quality of care and continuity in the care available at the medical centers.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**53%**	80,431	**70%**	51,732	**71%**	46,506
Hospital Care	**67%**	56,473	**68%**	55,181	**70%**	48,109
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Alexandria

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Healthcare Quality and Need:
Alexandria / Ft. Polk--provide acute psychiatric services for Baynes Jones Hospital and space for VA primary care clinic.
Baynes Jones Hospital has indicated a need for acute psychiatric services which can be provided at the VAMC Alexandria. Vernon parish has been identified with a primary care access gap which can be satisfied by establishing a community based outpatient clinic in space available at Ft. Polk.
Providing additional Primary Care services will decrease "Waits and Delays" and will enhance the veteran's access to Primary Care services.
Enhances the ability to include family support and involvement in care.
Enhances the ability to provide coordination and continuum of care to meet the "whole" needs of the veteran.
Safety and Environment:
There will be no impact relative to safety and environmental issues. VA requires and applies the same criteria for contracted services provided in non-VA owned and operated environments as it does for VA owned and operated facilities. All issues of physical layout, accessibility, code compliance, etc will be stipulated in the applicable contracts.
Healthcare quality as measured by access:
Alexandria would provide acute psychiatric services for Baynes Jones Hospital and Ft. Polk would provide space for VA primary care clinic.
Baynes Jones Hospital has indicated a need for acute psychiatric services which can be provided at the VAMC Alexandria. Vernon parish has been identified with a primary care access gap which can be satisfied by establishing a community based outpatient clinic in space available at Ft. Polk.
Providing additional Primary Care services will decrease "Waits and Delays" and will enhance the veteran's access to Primary Care services.
Enhances the ability to provide coordination and continuum of care to meet the "whole" needs of the veteran.
Research and Affiliations:
There will be no impact as a result of our plans to establish a CBOC at Ft Polk or provide acute psychiatry services at Alexandria for Baynes-Jones Hospital. This will improve our ability to meet the demands for additional workload. Our affiliations and research will remain intact and viable.
Impact on Staffing and Community:
These two options will result in an increase in workload There will be a need for additional funding for staffing and community resources so we expect very favorable impacts to support the continued health of the community. Recruitment

for hard to recruit professions as well as recruitment of professionals to engage in contracting opportunities will continue to be a challenge.
Alexandria VAMC response to the demand for additional services from the veteran community will be favorably received. Initial efforts to inform consumers groups and stakeholders about these plans have garnered widespread support.
Support of other Missions of VA:
This alternative fully supports the mission of the VA to provide quality health care to veterans that is appropriate, timely and close to veterans home. The alternative also incorporates extensive collaboration with DoD facilities
Optimizing Use of Resources:
Utilizing existing capacity at the Alexandria VAMC along with increased efficiencies will address the inpatient psychiatry needs for Baynes Jones Hospital through a sharing agreement. The need for Primary Care space is a DoD issue specifically would Ft Polk be able to accommodate providing space for a CBOC on their campus.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

Alexandria has 147 acres on the campus but only a small parcel would be suitable for cemetery space.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	13,636	1,537	13,636	1,537	137	-	-	-	-	-	13,499	$	(3,183,177)
Surgery	2,298	108	1,124	(1,066)	45	-	-	-	-	-	1,079	$	27,002,740
Intermediate/NHCU	130,672	-	130,672	-	71,870	-	-	-	-	-	58,802	$	-
Psychiatry	18,754	3,006	18,754	3,006	21	-	-	-	-	-	18,733	$	18,351
PRRTP	57	-	57	-	-	-	-	-	-	-	57	$	-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**165,416**	**4,650**	**164,243**	**3,477**	**72,073**	**-**	**-**	**-**	**-**	**-**	**92,170**	**$**	**23,837,914**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	78,145	7,573	78,146	7,573	1,563	-	-	-	-	-	76,583	$	(2,585,996)
Specialty Care	110,467	52,712	109,198	51,443	50,000	-	-	-	-	-	59,198	$	(19,649,472)
Mental Health	32,513	14,644	32,514	14,645	2,685	-	-	-	-	-	29,829	$	(3,542,886)
Ancillary & Diagnostics	102,766	40,769	102,767	40,770	51,000	-	-	-	-	-	51,767	$	(26,382,420)
Total	**323,892**	**115,698**	**322,625**	**114,431**	**105,248**	**-**	**-**	**-**	**-**	**-**	**217,377**	**$**	**(52,160,774)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	28,079	10,802	28,078	10,801	17,277	-	-	-	10,000	-	27,277	(801)
Surgery	4,368	2,436	2,136	204	1,932	-	-	-	-	-	1,932	(204)
Intermediate Care/NHCU	77,911	-	77,910	(1)	77,911	-	-	-	-	-	77,911	1
Psychiatry	42,384	3,158	42,337	3,111	39,226	-	-	-	-	-	39,226	(3,111)
PRRTP	271	271	271	271	-	-	-	-	-	-	-	(271)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**153,014**	**16,668**	**150,732**	**14,386**	**136,346**	**-**	**-**	**-**	**10,000**	**-**	**146,346**	**(4,386)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	39,057	10,133	39,057	10,133	28,924	2,000	-	-	-	-	30,924	(8,133)
Specialty Care	117,869	81,766	65,118	29,015	36,103	10,400	-	-	9,000	-	55,503	(9,615)
Mental Health	24,828	15,226	24,758	15,156	9,602	-	-	-	11,500	-	21,102	(3,656)
Ancillary and Diagnostics	80,744	47,970	41,931	9,157	32,774	-	-	-	-	-	32,774	(9,157)
Total	**262,498**	**155,095**	**170,864**	**63,461**	**107,403**	**12,400**	**-**	**-**	**20,500**	**-**	**140,303**	**(30,561)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	274,238	113,889	160,349	-	160,349	-	-	-	-	-	160,349	-
Other	28,121	-	28,121	-	28,121	-	-	-	-	-	28,121	-
Total	**302,359**	**113,889**	**188,470**	**-**	**188,470**	**-**	**-**	**-**	**-**	**-**	**188,470**	**-**

4. Facility Level Information – Houston

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

Houston VAMC was identified as having one of the 20 high potential enhanced use lease opportunities for VHA.

A 12.6-acre parcel of land (estimated to have a lease market value of over 3 million dollars a year) located on the northwest corner of the HVAMC campus was identified in the early planning initiatives. It is recognized as a site with high potential for Enhanced Use Lease success and for providing significant economic and mission benefits to the Department of Veterans Affairs. It is ranked as one of the top twenty Enhanced Use Initiatives. Market plans detailing the delivery of VHA services to veterans have been formulated with projections to the year 2022. While the veteran population is forecasted to decline over this timeframe, utilization of VHA services among veterans in the Houston area is predicted to more than double. This will present a significant strain on the capability of the Houston VAMC to meet this demand. An Enhanced Use Lease cooperative arrangement with the private sector to construct a high rise medical arts building could provide access to programs, services, and revenue streams that will assist in addressing this demand. The successful enhanced use will enable clinical expansion on an as needed basis, improve access to services, and generate funds, which are returned to medical care. The acute need for additional specialty care clinical space can be met through this activity. The Enhanced Use Initiative will require the demolition of 3 buildings (9,000 NSF) currently located on the tract.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	54,629	3,614	54,629	3,614	3	-	-	-	-	-	54,626	$ (6,348)
Surgery	25,691	275	25,692	276	-	-	-	-	-	-	25,692	$ (421,835)
Intermediate/NHCU	149,190	-	149,190	-	92,498	-	-	-	-	-	56,692	$ -
Psychiatry	15,351	1,154	15,351	1,154	-	-	-	-	-	-	15,351	$ -
PRRTP	667	-	667	-	-	-	-	-	-	-	667	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	9,883	-	9,883	-	-	-	-	-	-	-	9,883	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**255,411**	**5,043**	**255,412**	**5,044**	**92,501**	**-**	**-**	**-**	**-**	**-**	**162,911**	**$ (428,183)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	303,105	88,790	303,105	88,790	10,436	-	-	-	-	-	292,669	$ (9,961,618)
Specialty Care	396,240	207,742	396,241	207,743	9,520	-	-	-	-	-	386,721	$ 26,238,705
Mental Health	156,198	45,286	156,198	45,286	1,855	-	-	-	-	-	154,343	$ 83,818
Ancillary & Diagnostics	462,644	201,438	462,644	201,438	133,000	-	-	-	-	-	329,644	$ (9,920,662)
Total	**1,318,187**	**543,256**	**1,318,188**	**543,257**	**154,811**	**-**	**-**	**-**	**-**	**-**	**1,163,377**	**$ 6,440,243**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	113,628	6,074	113,622	6,068	107,554	-	-	-	-	-	107,554	(6,068)
Surgery	42,649	10,784	42,649	10,784	31,865	-	-	-	1,800	-	33,665	(8,984)
Intermediate Care/NHCU	72,895	-	72,895	-	72,895	-	-	-	-	-	72,895	-
Psychiatry	29,320	597	29,320	597	28,723	-	-	-	-	-	28,723	(597)
PRRTP	3,175	3,175	3,175	3,175	-	-	-	-	-	-	-	(3,175)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	(42,937)	42,937	-	42,937	-	-	-	-	-	42,937	-
Blind Rehab	42,937	42,937	-	-	-	-	-	-	-	-	-	-
Total	**304,604**	**20,630**	**304,598**	**20,624**	**283,974**	**-**	**-**	**-**	**1,800**	**-**	**285,774**	**(18,824)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	147,006	54,337	146,334	53,665	92,669	-	-	-	30,000	-	122,669	(23,665)
Specialty Care	427,148	264,203	425,393	262,448	162,945	-	-	-	-	160,000	322,945	(102,448)
Mental Health	128,348	22,322	128,105	22,079	106,026	-	-	-	-	-	106,026	(22,079)
Ancillary and Diagnostics	296,093	135,534	210,972	50,413	160,559	-	-	-	-	-	160,559	(50,413)
Total	**998,594**	**476,395**	**910,804**	**388,605**	**522,199**	**-**	**-**	**-**	**30,000**	**160,000**	**712,199**	**(198,605)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(198,218)	181,069	(17,149)	198,218	-	-	-	-	-	198,218	17,149
Administrative	420,397	137,711	369,955	87,269	282,686	-	-	-	-	-	282,686	(87,269)
Other	86,455	-	77,385	(9,070)	86,455	-	-	-	-	-	86,455	9,070
Total	**506,852**	**(60,507)**	**628,409**	**61,050**	**567,359**	**-**	**-**	**-**	**-**	**-**	**567,359**	**(61,050)**

5. Facility Level Information – Shreveport

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Healthcare Quality and Need:
Shreveport/Barksdale AFB plans to expand current acute psychiatric services and develop other opportunities for providing outpatient mental health services. Other services may include providing discharge physicals for retiring military personnel as well as expansion of Tricare and ChampVA programs. In addition Texarkana CBOC would explore providing occupation medicine coverage for the Red River Army Ammunition Depot.
Safety and Environment:
There will be no impact relative to safety and environmental issues. VA requires and applies the same criteria for contracted services provided in non-VA owned and operated environments as it does for VA owned and operated facilities. All issues of physical layout, accessibility, code compliance, etc will be stipulated in the applicable contracts.
Healthcare quality as measured by access:
Shreveport would provide acute psychiatric services for Barksdale AFB and occupational medicine coverage for the Red River Army Ammunition Depot, Texarkana, Tx.
Shreveport currently admits on an emergency basis Air Force active duty with acute mental health problems. The discussions with Barksdale AFB have indicated a mutual interest in expanding psychiatry services to outpatient mental health programs.
Providing additional Mental Health Primary Care services would provide better continuity of care and will hopefully reduce the acute psychiatry admissions.
Providing retiring military physicals allows for coordination of enrollment into the VA healthcare system. Which will enhances the ability to provide coordination and continuum of care to meet the "whole" needs of the veteran.
Research and Affiliations:
There will be no impact as a result of our plans to establish services with Red River Army Depot or provide outpatient psychiatry services at Shreveport. This will improve our ability to meet the demands for additional workload. Our affiliations and research will remain intact and viable.
Impact on Staffing and Community:
These two options will result in an increase in workload. There will be a need for additional funding for staffing and community resources so we expect very favorable impacts to support the continued health of the community. Recruitment for hard to recruit professions as well as recruitment of professionals to engage in contracting opportunities will continue to be a challenge.

Shreveport VAMC response to the demand for additional services from the veteran community will be favorably received. Initial efforts to inform consumers groups and stakeholders about these plans have garnered widespread support.
Support of other Missions of VA:
This alternative fully supports the mission of the VA to provide quality health care to veterans that is appropriate, timely and close to veterans home. The alternative also incorporates extensive collaboration with DoD facilities
Optimizing Use of Resources:
Utilizing existing capacity at the Shreveport VAMC along with increased efficiencies will address the inpatient psychiatry needs. The request for occupational medicine coverage is a DoD issue requiring more specifics to be addressed in business plan with a clear statement of work.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	25,299	8,218	25,300	8,219	10,000	-	-	-	-	-	15,300	$ 7,333,444
Surgery	8,692	2,525	9,866	3,699	-	-	-	-	-	-	9,866	$ (35,844,582)
Intermediate/NHCU	31,044	-	31,044	-	29,803	-	-	-	-	-	1,241	$ -
Psychiatry	8,700	3,238	8,700	3,238	950	-	-	-	-	-	7,750	$ 4,321,628
PRRTP	6	-	6	-	-	-	-	-	-	-	6	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**73,740**	**13,980**	**74,916**	**15,156**	**40,753**	**-**	**-**	**-**	**-**	**-**	**34,163**	**$ (24,189,510)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	116,489	(10,269)	116,490	(10,268)	2,330	-	-	-	-	-	114,160	$ -
Specialty Care	156,621	63,367	156,621	63,367	12,000	-	-	-	-	-	144,621	$ 12,386,059
Mental Health	51,461	17,950	51,461	17,950	19,000	-	-	-	-	-	32,461	$ (721,584)
Ancillary & Diagnostics	197,199	60,128	197,192	60,121	45,000	-	-	-	-	-	152,192	$ (17,175,034)
Total	**521,770**	**131,176**	**521,764**	**131,170**	**78,330**	**-**	**-**	**-**	**-**	**-**	**443,434**	**$ (5,510,559)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	52,624	28,304	31,824	7,504	24,320	-	-	-	-	-	24,320	(7,504)
Surgery	21,730	8,353	24,665	11,288	13,377	-	6,585	-	-	-	19,962	(4,703)
Intermediate Care/NHCU	1,735	-	1,734	(1)	1,735	-	-	-	-	-	1,735	1
Psychiatry	14,616	4,680	13,020	3,084	9,936	-	-	-	-	-	9,936	(3,084)
PRRTP	29	29	29	29	-	-	-	-	-	-	-	(29)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**90,734**	**41,366**	**71,272**	**21,904**	**49,368**	**-**	**6,585**	**-**	**-**	**-**	**55,953**	**(15,319)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	57,080	8,924	57,080	8,924	48,156	-	-	-	-	-	48,156	(8,924)
Specialty Care	167,115	85,766	159,083	77,734	81,349	-	40,000	-	-	-	121,349	(37,734)
Mental Health	33,789	15,559	21,749	3,519	18,230	-	-	-	-	-	18,230	(3,519)
Ancillary and Diagnostics	122,421	73,083	97,403	48,065	49,338	-	35,000	-	-	-	84,338	(13,065)
Total	**380,405**	**183,332**	**335,315**	**138,242**	**197,073**	**-**	**75,000**	**-**	**-**	**-**	**272,073**	**(63,242)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(11,427)	8,660	(2,767)	11,427	-	-	-	-	-	11,427	2,767
Administrative	260,585	122,464	221,559	83,438	138,121	-	-	-	-	-	138,121	(83,438)
Other	20,972	-	20,972	-	20,972	-	-	-	-	-	20,972	-
Total	**281,557**	**111,037**	**251,191**	**80,671**	**170,520**	**-**	**-**	**-**	**-**	**-**	**170,520**	**(80,671)**

B. Central Southern Market

1. Description of Market

a. Market Definition

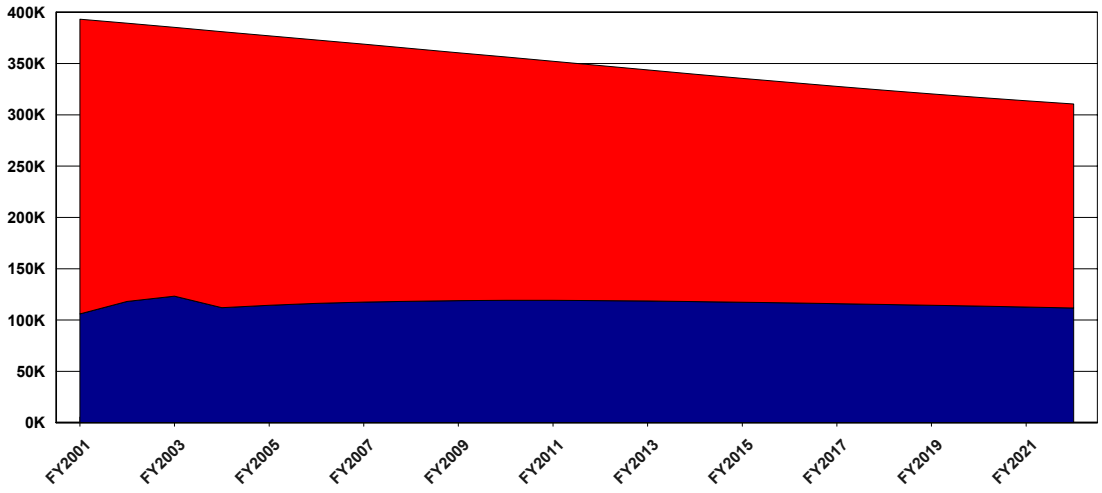
Market	Includes	Rationale	Shared Counties
Central Southern Code: 16C	57 counties in Mississippi23 remaining parishes in Louisiana	The Central Southern Market includes 80 Mississippi and Louisiana counties/parishes that transverse the Mississippi River includes Lake Ponchartrain, the New Orleans metropolitan area, and the Gulf Coast of Mississippi. Tertiary care facilities are located in two urban areas with large veteran population density, New Orleans and Jackson. Gulfport VAMC division and the Biloxi VAMC division of the Gulf Coast Veterans Health Care System are included in this market and offer unique opportunities for planning initiatives in this market. The referral patterns and the geography of this market were considered an important factor in keeping all Mississippi counties together.	Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed at this time. VISN 7 & 9 has not requested any discussion of a shared market in this area.

b. Facility List

VISN : 16				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Biloxi				
520 Gulf Coast HCS	✔	✔	-	-
520BZ Pensacola	✔	-	-	-
520GA Mobile	✔	-	-	-
520GB Panama City	✔	-	-	-
Fayetteville (AR)				
564 Fayetteville AR	✔	✔	-	-
564BY Gene Taylor	✔	-	-	-
564GA Harrison	✔	-	-	-
564GB Ft. Smith	✔	-	-	-
Gulfport				
520A0 Gulfport	-	-	-	✔
Jackson				
586GE Natchez (Adams County)	✔	-	-	-
586 G. V. (Sonny) Montgomery VAMC	✔	✔	✔	-
586GA Durant (Kosciusko)	✔	-	-	-
586GB Meridian	✔	-	-	-
586GC Greenville	✔	-	-	-
586GD Hattiesburg	✔	-	-	-
New Orleans				
629 New Orleans	✔	✔	✔	-
629BY Baton Rouge	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Central Southern Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
	Access to Primary Care					
	Access to Hospital Care					
	Access to Tertiary Care					
Y	Primary Care Outpatient Stops	Population Based	143,786	55%	91,095	35%
		Treating Facility Based	209,480	58%	141,928	39%
Y	Specialty Care Outpatient Stops	Population Based	221,898	92%	183,212	76%
		Treating Facility Based	324,067	100%	280,233	87%
N	Mental Health Outpatient Stops	Population Based	0	0%	0	0%
		Treating Facility Based	41,140	17%	28,239	12%
Y	Medicine Inpatient Beds	Population Based	100	73%	58	42%
		Treating Facility Based	145	93%	94	61%
N	Surgery Inpatient Beds	Population Based	29	43%	13	19%
		Treating Facility Based	47	65%	28	39%
Y	Psychiatry Inpatient Beds	Population Based	40	41%	23	23%
		Treating Facility Based	52	42%	29	23%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholders of the Central Southern Market, which consists of VA medical centers in Biloxi/Gulfport, Jackson, and New Orleans were informed about CARES through town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, print news articles, and radio and television news segments. Communication with internal and external stakeholders provided the opportunity for comments and questions. Stakeholders included Members of Congress, Veterans Service Organizations, academic affiliates, employees, union representatives, Veterans Benefits Administration, National Cemetery Administration, the Department of Defense, and the general public.

Issues of significant interest for this market are based on the possible closure of the Gulfport Division of the VA Gulf Coast Veterans Health Care System and the need for additional resources in the neighboring Eastern Southern Market. There have been no substantive remarks related to these issues. There have been no written responses to CARES issues. There has been some concern related to the issue of realigning of VAGCVHCS resources from the Central Southern area to the growing population of veterans in the Eastern Central area. These concerns have come from the AFGE as well as employees at the Gulfport Division with issues related to impact of closure of Gulfport as outlined in option one of the CARES Marketing Plan. Assurance that no jobs or services would be lost, just relocated, did not assuage any anxiety. There has been both positive and negative responses from congressional representatives that relate to, but did not emanate from, the CARES process. We do expect there to be more issues related to option one when/if the Gulfport Division is closed. The market did not receive any applicable feedback to incorporate in its plan. Option one indicated the closing of the Gulfport Division. This is due in part to the shift of eligible beneficiaries to the eastern portion of the VAGCVHCS that incorporates the Eastern Central area.

Stakeholders have raised no significant issues about CARES at the medical centers in Jackson and New Orleans. The Market Plan does not include any perceived, potential negative change in services. The Market Plan calls for expansion of primary care and outpatient specialty care services.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Market boundaries within the Network have been designed to incorporate the existing veteran service area for the parent facility. This does not preclude future planning of services within the market. VISN 16 borders five networks; VISN 17 on the Western side from Oklahoma to the Gulf Coast of Texas; VISN 15 on the Oklahoma northern border and 10 counties in Missouri; VISN 9 in the Northern Mississippi border; VISN 7 & 8 surrounding the panhandle of Florida and Southern Alabama counties. Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Central Southern Market serves the veteran population of Mississippi and Southeast Louisiana through three medical centers located at Biloxi/Gulfport, MS, Jackson, MS (tertiary care), and New Orleans, LA (tertiary care), one VA-staffed CBOC in Baton Rouge, LA, and five contract CBOCs in Mississippi.

CARES data estimates that only 57% of all veterans in the Central Southern market meet the primary care driving time guidelines. Data analysis revealed that southeast Louisiana is mostly affected by the lack of primary care access points. There are also areas of Mississippi that can be better served by the opening of access points. The plan places six contract CBOCs in Southeast Louisiana and two contract CBOCs in Mississippi. The CARES workload data projects tremendous growth in the market resulting in planning initiatives for primary care workload, specialty care workload, inpatient psychiatry beds, and inpatient medicine beds. While not a planning initiative, the market has also chosen to address the increased demand for inpatient surgery beds because the bed capacity/availability for medicine is so closely linked with surgery. These workload demands result in the need for increased space at the various facilities

forcing outpatient space to leased locations to accommodate inpatient needs. Primary care and specialty care workloads are addressed through contracts at remote locations (some of those created by the primary care access initiative) and expansion of services at existing locations through leased space. Inpatient demand is addressed by relocating existing outpatient and administrative functions at the facilities to leased space to accommodate the expansion of the existing inpatient programs. All initiatives that are addressed through the renovation of space or leasing of space are planned at less than the FY 2022 levels. Any workload over that capacity will be addressed through community contracts. The proposed market plan minimizes long-term capital investment by resolving gaps through a mix of contracts and leased space whenever possible; however, it assumes provider availability and willingness to provide contract services for demand in years that exceed FY 2022 levels.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

CARES data has estimated that only 57% of all veterans in the Central Southern market meet the primary care driving time guidelines. The market team mapped veteran enrollees and existing primary care access points and developed 30 minute driving times from each existing primary care access point. The map revealed obvious gaps in the 30-minute drive times predominately in southeast Louisiana where the only primary care locations exist at New Orleans and Baton Rouge. Also, areas in central southern and northeastern Mississippi were noted where the veteran population demonstrated a need for primary care access centers. The Jackson VA Medical Center currently operates five contract CBOCs. The market determined that the best way to initiate remote primary care access was through contracts because it can be done quickly with little to no capital investment. The implementation of these primary care access points will impact the primary care workload that is seen at the parent facilities as well as at the existing VA staffed CBOC in Baton Rouge, Louisiana. Also, by providing primary care access closer to the veterans' homes, we expect an increase in market penetration and an increase in all other medical care services (i.e. specialty care, ancillary/diagnostic services, and inpatient services). Alternative 1: Open contract CBOCs at 8 locations throughout the central southern market area where higher enrollee populations exist. All proposed CBOCs meet VHA Directive 2001-060 criteria for activating CBOCs except for Franklin, LA. The projected priority 1-6 enrollees for the activation year of FY 09 are 1220; however, due to the remote location as well as accessibility of the parish (located in southern Louisiana in swamp areas), we request special consideration for this parish. Priorities (city, state, zip, and fiscal year of activation): Houma, LA - 70360, FY 04; Columbus, MS - 39701, FY 04; Slidell, LA - 70458, FY 05; Hammond, LA - 70401, FY 07; McComb, MS - 39648, FY 07; Franklin, LA - 70538, FY 09; Bogalusa, LA - 70427, FY 11; and LaPlace, LA - 70068, FY 11. Upon activation of the above CBOCs, 71% of the veteran enrollees in FY 12 (72% in FY 22) will be within 30 minutes of primary care sites. Alternative 2: Combination of contract workload and constructing new space. This alternative has a greater financial risk due to the capital investment associated with constructing new space and therefore is not considered a preferred option.

Service Type	Baseline FY 2001	Proposed FY 2012	Proposed FY 2022

	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**57%**	50,478	**71%**	34,500	**72%**	31,317
Hospital Care	**74%**	30,521	**73%**	32,121	**72%**	31,317
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Biloxi

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

The Gulf Coast Veterans Health Care System is a five-division health care system with hospitals at Gulfport and Biloxi MS. The two hospital divisions are eight miles apart and have been consolidated for over 30 years. The health care system also has three CBOCs located in Mobile, AL, Pensacola and Panama City FL. The Biloxi Division serves as the general medical facility providing outpatient primary and specialty care services and inpatient medical and surgical services. It also houses a domiciliary and a nursing home care unit, support services and administrative functions. This division has minimal vacant space – approximately 9000 NSF. The Gulfport Division consists of approximately 90 acres, of which 50 are located on beachfront property on the Gulf of Mexico. The remaining 40 acres is largely vacant except for a VA laundry facility. The Gulfport Division provides inpatient and outpatient mental health services and houses an Alzheimer's dementia unit. Other clinical services located at the Gulfport Division include Psychology Service, Rehabilitation Medicine including a therapeutic pool, Day Treatment, Volunteer Service, Primary Care and Audiology. Administrative services including Fiscal, A&MM, MCCR, Fee Basis and VSO offices are also located on the campus. Referrals are accepted from Jackson, New Orleans and other medical centers in VISN 16. Active duty personnel from DoD Health Care Services Region IV are also treated through a VA/DoD sharing agreement. Many of the buildings are on the national register of historic buildings and some of the buildings are vacant and uninhabitable due to environmental issues. There is approximately 65,000 NSF of vacant space at the campus. The Gulfport property is prime gulf-front real estate that would be optimal for enhanced use purposes. The enhanced use option was explored with the Office of Economic and Enterprise Development in FY 00 and FY 01 and was unsuccessful due to political resistance. The campus has several buildings that require significant renovations to render them useful to accept future workload. This, coupled with the historic preservation issue raises the cost of maintaining

and upgrading the campus. The team discussed three options: Option 1: Close Gulfport Division and enter into an enhanced use agreement for the use of the property; enter into a sharing agreement to share clinical services with the adjacent Keesler AFB medical center that will be mutually beneficial for the overall needs of the Gulf Coast Veterans Health Care System and Keesler Air Force Medical Center. Clinical services to be shared have not been determined. Negotiations are ongoing. A construction project will be required to house the administrative and clinical programs currently provided at the Gulfport Division that cannot be accommodated at the Biloxi VA or Keesler hospital. The scope and cost will be significantly less than option 2.b below. Option 2: Close Gulfport Division; enter into an enhanced use agreement for the use of the property; and construct new facilities at Biloxi to accommodate federal healthcare in the area to include: services currently at Gulfport; services currently provided to Keesler medical center, i.e. inpatient psychiatry; inpatient psychiatry for the western portion of the Eastern Southern market; future initiatives identified for the Central Southern market; and future services provided to Keesler medical center, i.e. inpatient medicine and surgery. This will improve all dimensions of care and efficiency. Construction of new facilities will improve the quality, safety, and environment of the occupants. It will provide space for the projected healthcare needs for the area. It will have a positive impact on affiliations through an improved environment and enhanced access. Option 3: Maintain and renovate Gulfport division to accommodate projected federal healthcare in the area through FY 2022.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Healthcare Quality and Need: The success of the collaboration in the Eastern Southern market with DoD has provided the model for several opportunities in the Central Southern Market with Keesler AFB. The collaboration established with Keesler AFB is a result of a Proximity gap for Gulfport and Biloxi divisions that are 8 miles apart. The alternatives considered to address this planning initiative considers Keesler AFB as a possible solution for clinical services. Keesler AFB and the Gulf Coast Veterans Health Care System will continue to explore options for providing quality healthcare to veterans in this region. Currently, GCVHCS provides acute inpatient psychiatry services to Keesler AFB.
Safety and Environment: All construction, leases and renovation will comply with environmental, life safety, handicap, JCAHO and privacy codes. The construction of any joint VA/DoD are required to comply with all applicable safety and accessibility codes.
Healthcare quality as measured by access: Relocation to a medical center campus with acute care, specialty care, emergency and nursing home care will provide the veterans access to the full range of medical services.
Research and Affiliations: Research is presently performed on both divisions, having the opportunity to consolidate the program to one location will result in efficiencies and enhance the quality and scope of research projects.
Impact on Staffing and Community: The impact on staffing will result in a reduction of staff in programs that are duplicated at the Gulfport Division The reduction will be minimal and will be performed through attrition. Impact on the community will result in a shift of staffing and resources from the Gulfport area to Biloxi. Due to the close proximity of the two divisions, the impact will be minimal.
Support of other Missions of VA: These alternatives fully support the mission of the VA to provide quality health care to veterans that is appropriate, timely and close to veterans home. The alternative also incorporates extensive collaboration with DoD facilities
Optimizing Use of Resources: Utilizing existing capacity that may become available at Keesler AFB would result in minimizing the new construction needs at Biloxi campus. In addition, if Gulfport Division is enhanced use leased utilization of these funds would be available to provide health care service to veterans in this region.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

Biloxi continues to collaborate with NCA for future development on the Biloxi campus. Biloxi NCA is expanding 5,000 gravesites.

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	33,071	17,896	15,694	519	1,727	-	-	4	-	-	13,971	$ 253,083,513
Surgery	8,907	4,959	3,394	(554)	928	-	-	4	-	-	2,470	$ 108,609,876
Intermediate/NHCU	130,002	-	130,002	-	74,102	-	-	-	-	-	55,900	$ -
Psychiatry	2,630	40	22,038	19,448	484	-	-	2,549	-	-	24,103	$ (134,408,473)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	44,093	-	44,093	-	-	-	-	-	-	-	44,093	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ (2,051,765)
Total	**218,703**	**22,895**	**215,221**	**19,413**	**77,241**	**-**	**-**	**2,557**	**-**	**-**	**140,537**	**$ 225,233,151**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	234,823	94,448	98,132	(42,243)	1,800	-	-	1,081	-	-	97,413	$ 342,995,325
Specialty Care	273,692	144,492	103,893	(25,308)	17,662	-	-	894	-	-	87,125	$ 476,742,077
Mental Health	73,423	30,899	44,992	2,468	5,849	1,200	-	10,051	-	-	47,994	$ 55,215,488
Ancillary & Diagnostics	325,294	156,962	141,528	(26,804)	12,738	-	-	7,985	-	-	136,775	$ 208,010,999
Total	**907,233**	**426,801**	**388,545**	**(91,887)**	**38,049**	**1,200**	**-**	**20,011**	**-**	**-**	**369,307**	**$ 1,082,963,889**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	61,221	44,150	29,060	11,989	17,071	12,892	30,000	-	-	-	59,963	30,903
Surgery	17,478	10,159	5,212	(2,107)	7,319	7,000	-	-	-	-	14,319	9,107
Intermediate Care/NHCU	61,231	-	61,230	(1)	61,231	-	-	-	-	-	61,231	1
Psychiatry	4,220	4,220	39,047	39,047	-	3,500	45,000	-	-	-	48,500	9,453
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	71,598	-	71,598	-	71,598	-	-	-	-	-	71,598	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	20,000	20,000	-	-	20,000	-	-	-	20,000	-
Total	**215,748**	**58,529**	**226,147**	**68,928**	**157,219**	**23,392**	**95,000**	**-**	**-**	**-**	**275,611**	**49,464**

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plan									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	106,844	63,412	48,706	5,274	43,432	-	-	-	-	-	43,432	(5,274)
Specialty Care	249,882	204,863	95,838	50,819	45,019	-	-	-	40,000	-	85,019	(10,819)
Mental Health	35,133	22,910	26,397	14,174	12,223	-	25,000	-	-	-	37,223	10,826
Ancillary and Diagnostics	189,452	148,635	87,536	46,719	40,817	-	50,000	-	-	-	90,817	3,281
Total	**581,311**	**439,820**	**258,477**	**116,986**	**141,491**	**-**	**75,000**	**-**	**40,000**	**-**	**256,491**	**(1,986)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(300)	531	231	300	-	-	-	-	-	300	(231)
Administrative	366,785	228,805	222,952	84,972	137,980	-	-	-	-	-	137,980	(84,972)
Other	29,213	-	29,213	-	29,213	-	-	-	-	-	29,213	-
Total	**395,998**	**228,505**	**252,696**	**85,203**	**167,493**	**-**	**-**	**-**	**-**	**-**	**167,493**	**(85,203)**

4. Facility Level Information – Gulfport

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

The Gulf Coast Veterans Health Care System is a five-division health care system with hospitals at Gulfport and Biloxi MS. The two hospital divisions are eight miles apart and have been consolidated for over 30 years. The health care system also has three CBOCs located in Mobile, AL, Pensacola and Panama City FL. The Biloxi Division serves as the general medical facility providing outpatient primary and specialty care services and inpatient medical and surgical services. It also houses a domiciliary and a nursing home care unit, support services and administrative functions. This division has minimal vacant space – approximately 9000 NSF. The Gulfport Division consists of approximately 90 acres, of which 50 are located on beachfront property on the Gulf of Mexico. The remaining 40 acres is largely vacant except for a VA laundry facility. The Gulfport Division provides inpatient and outpatient mental health services and houses an Alzheimer's dementia unit. Other clinical services located at the Gulfport Division include Psychology Service, Rehabilitation Medicine including a therapeutic pool, Day Treatment, Volunteer Service, Primary Care and Audiology. Administrative services including Fiscal, A&MM, MCCR, Fee Basis and VSO offices are also located on the campus. Referrals are accepted from Jackson, New Orleans and other medical centers in VISN 16. Active duty personnel from DoD Health Care Services Region IV are also treated through a VA/DoD sharing agreement. Many of the buildings are on the national register of historic buildings and some of the buildings are vacant and uninhabitable due to environmental issues. There is approximately 65,000 NSF of vacant space at the campus. The Gulfport property is prime gulf-front real estate that would be optimal for enhanced use purposes. The enhanced use option was explored with the Office of Economic and Enterprise Development in FY 00 and FY 01 and was unsuccessful due to political resistance. The campus has several buildings that require significant renovations to render them useful to accept future workload. This, coupled with the historic preservation issue raises the cost of maintaining

and upgrading the campus. The team discussed three options: Option 1: Close Gulfport Division and enter into an enhanced use agreement for the use of the property; enter into a sharing agreement to share clinical services with the adjacent Keesler AFB medical center that will be mutually beneficial for the overall needs of the Gulf Coast Veterans Health Care System and Keesler Air Force Medical Center. Clinical services to be shared have not been determined. Negotiations are ongoing. A construction project will be required to house the administrative and clinical programs currently provided at the Gulfport Division that cannot be accommodated at the Biloxi VA or Keesler hospital. The scope and cost will be significantly less than option 2.b below. Option 2: Close Gulfport Division; enter into an enhanced use agreement for the use of the property; and construct new facilities at Biloxi to accommodate federal healthcare in the area to include: services currently at Gulfport; services currently provided to Keesler medical center, i.e. inpatient psychiatry; inpatient psychiatry for the western portion of the Eastern Southern market; future initiatives identified for the Central Southern market; and future services provided to Keesler medical center, i.e. inpatient medicine and surgery. This will improve all dimensions of care and efficiency. Construction of new facilities will improve the quality, safety, and environment of the occupants. It will provide space for the projected healthcare needs for the area. It will have a positive impact on affiliations through an improved environment and enhanced access. Option 3: Maintain and renovate Gulfport division to accommodate projected federal healthcare in the area through FY 2022.

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

The Gulfport Division of the Gulf Coast Veterans Health Care System, located on 108 acres, has 348,820 sq. ft. and vacant space of over 64,000 sq ft. The entire campus of Gulfport division is discussed under the Proximity PI and is identified as potential enhanced use opportunity for the network.

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	693	274	4	(415)	-	-	4	-	-	-	-	$ 9,398,835
Surgery	64	(16)	4	(76)	-	-	4	-	-	-	-	$ 1,154,777
Intermediate/NHCU	109	-	109	-	-	-	-	-	-	-	109	$ -
Psychiatry	28,227	7,605	2,549	(18,073)	-	-	2,549	-	-	-	-	$ 220,661,386
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**29,093**	**7,863**	**2,666**	**(18,564)**	**-**	**-**	**2,557**	**-**	**-**	**-**	**109**	**$ 231,214,998**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	9,848	7,803	1,081	(964)	-	-	1,081	-	-	-	-	$ 16,363,509
Specialty Care	11,720	6,321	894	(4,505)	-	-	894	-	-	-	-	$ 10,572,966
Mental Health	49,982	6,014	10,051	(33,917)	-	-	10,051	-	-	-	-	$ 54,444,683
Ancillary & Diagnostics	32,656	17,956	7,085	(7,615)	-	-	7,085	-	-	-	-	$ 28,338,333
Total	**104,206**	**38,094**	**19,111**	**(47,001)**	**-**	**-**	**19,111**	**-**	**-**	**-**	**-**	**$ 109,719,491**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	1,444	1,444	-	-	-	-	-	-	-	-	-	-
Surgery	106	106	-	-	-	-	-	-	-	-	-	-
Intermediate Care/NHCU	27,661	-	27,661	-	27,661	-	-	-	-	-	27,661	-
Psychiatry	68,876	28,985	-	(39,891)	39,891	30,000	-	-	-	-	69,891	69,891
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**98,087**	**30,535**	**27,661**	**(39,891)**	**67,552**	**30,000**	**-**	**-**	**-**	**-**	**97,552**	**69,891**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	7,386	4,060	-	(3,326)	3,326	2,500	-	-	-	-	5,826	5,826
Specialty Care	12,893	9,482	-	(3,411)	3,411	-	-	-	-	-	3,411	3,411
Mental Health	27,491	(1,868)	-	(29,359)	29,359	-	-	-	-	-	29,359	29,359
Ancillary and Diagnostics	31,351	11,182	-	(20,169)	20,169	-	-	-	-	-	20,169	20,169
Total	**79,120**	**22,855**	**-**	**(56,265)**	**56,265**	**2,500**	**-**	**-**	**-**	**-**	**58,765**	**58,765**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(500)	-	(500)	500	-	-	-	-	-	500	500
Administrative	209,695	62,426	32,640	(114,629)	147,269	-	-	-	-	-	147,269	114,629
Other	11,321	-	-	(11,321)	11,321	-	-	-	-	-	11,321	11,321
Total	**221,016**	**61,926**	**32,640**	**(126,450)**	**159,090**	**-**	**-**	**-**	**-**	**-**	**159,090**	**126,450**

5. Facility Level Information – Jackson

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	34,381	15,098	34,382	15,099	344	-	-	-	-	-	34,038	$ -
Surgery	15,719	5,047	15,720	5,048	173	-	-	-	-	-	15,547	$ (26,200)
Intermediate/NHCU	104,171	-	104,171	-	58,336	-	-	-	-	-	45,835	$ -
Psychiatry	17,681	6,454	11,614	387	-	-	-	-	-	-	11,614	$ 51,935,245
PRRTP	2,277	-	2,277	-	-	-	-	-	-	-	2,277	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**174,230**	**26,600**	**168,164**	**20,534**	**58,853**	**-**	**-**	**-**	**-**	**-**	**109,311**	**$ 51,909,045**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	139,463	27,617	139,463	27,617	19,578	-	-	-	-	-	119,885	$ 15,519,185
Specialty Care	162,443	65,310	164,921	67,788	12,822	-	-	-	-	-	152,099	$ (17,135,904)
Mental Health	36,127	1,379	36,127	1,379	1,446	-	-	-	-	-	34,681	$ (1,308,333)
Ancillary & Diagnostics	200,638	47,736	200,639	47,737	4,563	-	-	-	-	-	196,076	$ (11,731,418)
Total	**538,671**	**142,042**	**541,150**	**144,521**	**38,409**	**-**	**-**	**-**	**-**	**-**	**502,741**	**$ (14,656,470)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	70,799	31,799	70,799	31,799	39,000	-	-	19,000	-	-	58,000	(12,799)
Surgery	25,834	7,444	25,808	7,418	18,390	-	-	3,000	-	-	21,390	(4,418)
Intermediate Care/NHCU	44,360	-	44,360	-	44,360	-	-	-	-	-	44,360	-
Psychiatry	28,645	13,825	18,815	3,995	14,820	-	-	-	-	-	14,820	(3,995)
PRRTP	15,660	-	15,660	-	15,660	-	-	-	-	-	15,660	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**185,299**	**53,069**	**175,442**	**43,212**	**132,230**	**-**	**-**	**22,000**	**-**	**-**	**154,230**	**(21,212)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	66,942	13,337	59,942	6,337	53,605	-	-	-	-	-	53,605	(6,337)
Specialty Care	186,729	98,174	184,040	95,485	88,555	-	-	-	57,000	-	145,555	(38,485)
Mental Health	28,786	8,646	28,785	8,645	20,140	-	-	-	5,000	-	25,140	(3,645)
Ancillary and Diagnostics	125,841	71,061	125,489	70,709	54,780	-	-	-	42,000	-	96,780	(28,709)
Total	**408,298**	**191,218**	**398,256**	**181,176**	**217,080**	**-**	**-**	**-**	**104,000**	**-**	**321,080**	**(77,176)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(27,100)	13,266	(13,834)	27,100	-	-	-	-	-	27,100	13,834
Administrative	291,728	114,178	275,254	97,704	177,550	-	-	-	-	-	177,550	(97,704)
Other	26,065	-	26,065	-	26,065	-	-	-	-	-	26,065	-
Total	**317,793**	**87,078**	**314,585**	**83,870**	**230,715**	**-**	**-**	**-**	**-**	**-**	**230,715**	**(83,870)**

6. Facility Level Information – New Orleans

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	25,054	11,574	25,054	11,574	259	-	-	-	-	-	24,795	$ (1,330,286)
Surgery	12,617	4,657	12,617	4,657	53	-	-	-	-	-	12,564	$ (251,301)
Intermediate/NHCU	81,254	-	81,254	-	55,253	-	-	-	-	-	26,001	$ -
Psychiatry	6,366	2,134	6,392	2,160	2	-	-	-	-	-	6,390	$ (863,151)
PRRTP	2,371	-	2,371	-	-	-	-	-	-	-	2,371	$ -
Domiciliary	10	-	10	-	-	-	-	-	-	-	10	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**127,671**	**18,364**	**127,698**	**18,391**	**55,567**	**-**	**-**	**-**	**-**	**-**	**72,131**	**$ (2,444,738)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	185,593	79,611	185,593	79,611	43,288	-	-	-	-	-	142,305	$ 22,340,187
Specialty Care	199,984	107,942	206,521	114,479	17,134	-	-	-	-	-	189,387	$ (37,318,691)
Mental Health	126,058	2,846	126,058	2,847	12,995	-	-	-	-	-	113,063	$ (17,006,190)
Ancillary & Diagnostics	252,292	107,563	252,292	107,564	26,661	-	-	-	-	-	225,631	$ (12,092,639)
Total	**763,926**	**297,963**	**770,464**	**304,501**	**100,078**	**-**	**-**	**-**	**-**	**-**	**670,386**	**$ (44,077,333)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	51,591	24,656	51,574	24,639	26,935	14,689	-	-	-	-	41,624	(9,950)
Surgery	31,543	10,601	31,410	10,468	20,942	8,000	-	-	-	-	28,942	(2,468)
Intermediate Care/NHCU	30,832	-	30,832	-	30,832	-	-	-	-	-	30,832	-
Psychiatry	15,533	4,099	15,592	4,158	11,434	1,800	-	-	-	-	13,234	(2,358)
PRRTP	18,320	-	18,320	-	18,320	-	-	-	-	-	18,320	-
Domiciliary program	-	-	12	12	-	-	-	-	-	-	-	(12)
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**147,819**	**39,356**	**147,740**	**39,277**	**108,463**	**24,489**	**-**	**-**	**-**	**-**	**132,952**	**(14,788)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	90,941	48,026	71,152	28,237	42,915	-	-	-	76,853	-	119,768	48,616
Specialty Care	231,262	141,459	223,477	133,674	89,803	4,600	-	-	107,000	-	201,403	(22,074)
Mental Health	68,639	45,961	62,185	39,507	22,678	-	-	-	31,000	-	53,678	(8,507)
Ancillary and Diagnostics	151,779	86,294	144,404	78,919	65,485	10,000	-	-	38,000	-	113,485	(30,919)
Total	**542,620**	**321,739**	**501,218**	**280,337**	**220,881**	**14,600**	**-**	**-**	**252,853**	**-**	**488,334**	**(12,884)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(75,159)	58,719	(16,440)	75,159	-	-	-	-	-	75,159	16,440
Administrative	390,455	182,602	348,374	140,521	207,853	-	-	-	-	-	207,853	(140,521)
Other	28,036	-	28,036	-	28,036	-	-	-	-	-	28,036	-
Total	**418,491**	**107,443**	**435,129**	**124,081**	**311,048**	**-**	**-**	**-**	**-**	**-**	**311,048**	**(124,081)**

C. Eastern Southern Market

1. Description of Market

a. Market Definition

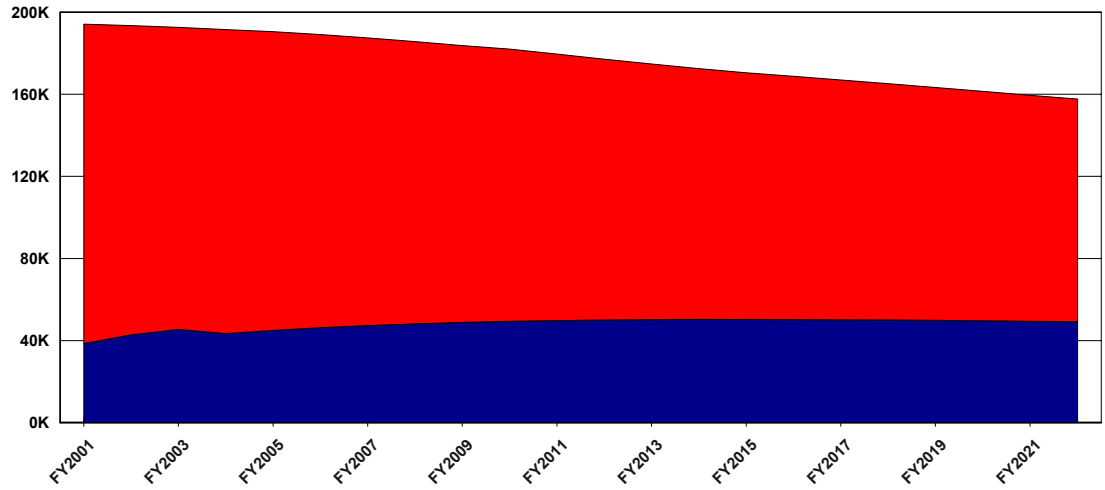
Market	Includes	Rationale	Shared Counties
Eastern Southern Code: 16B	4 counties in Alabama 7 counties in Florida	The Eastern Southern Market includes 11 counties in Alabama and Florida. The market has experienced considerable population growth in the past year; in addition this is a significant Department of Defense retirement community. Active military facilities are interwoven in this market and provide excellent sharing opportunities for providing health care to veterans. The market presently does not have a VA hospital and is supported by a large Community-Based Outpatient Clinic (CBOC) in Pensacola, FL. The closest VA hospital is in Biloxi, MS, a significant travel distance for most veterans in this area.	VISN 7 and VISN 8 would like to collaborate on the Eastern Southern Market as the Southern Alabama and Georgia counties have similar concerns regarding growth and lack of health care services in the panhandle of Florida. VISN 16 is in the process of exploring options with DoD who have several military medical facilities in the panhandle of Florida. This is a viable option to provide secondary hospital coverage for all three VISN's.

b. Facility List

VISN : 16				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Eastern Southern Hospital				
New Eastern Southern Hospital	-	✔	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Eastern Southern Market			Februrary 2003 (New)			
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap
Y	Access to Primary Care					
Y	Access to Hospital Care					
N	Access to Tertiary Care					
Y	Primary Care Outpatient Stops	Population Based	91,523	114%	77,386	97%
		Treating Facility Based	0	0%	0	0%
Y	Specialty Care Outpatient Stops	Population Based	121,497	159%	117,498	154%
		Treating Facility Based	0	0%	0	0%
N	Mental Health Outpatient Stops	Population Based	38,174	89%	27,343	63%
		Treating Facility Based	0	0%	0	0%
Y	Medicine Inpatient Beds	Population Based	52	241%	44	203%
		Treating Facility Based	0	0%	0	0%
N	Surgery Inpatient Beds	Population Based	20	202%	17	174%
		Treating Facility Based	0	0%	0	0%
N	Psychiatry Inpatient Beds	Population Based	15	45%	10	31%
		Treating Facility Based	0	0%	0	0%

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

The Eastern Southern Market, which consists of the VA Gulf Coast Veterans Health Care System, utilized multiple avenues to inform stakeholders about CARES for the Eastern Southern Market. The most intensive efforts were focused in personal interaction with a variety of key stakeholders through meetings, conventions, and town hall gatherings. Other avenues employed included mailings, pamphlet distribution, and newspaper releases. Key stakeholders reached included affiliate organizations, veteran service organizations, congressional offices, civic organizations, VA volunteers, AFGE, employees, and citizens.

There have been no substantive remarks related to the Eastern Southern Market from stakeholders. However, stakeholder response has been extremely favorable due to the positive impact of expansion in a marketplace with a rapidly growing veteran population. These responses have been expressed verbally at meetings and conventions. There has been no written response to CARES issues. There has been support from congressional offices for the expansion issues and the joint VA/DOD sharing agreements that preceded CARES but are integral to the CARES market plan option one.

The CARES Eastern Southern market plan was able to incorporate comments and concerns that existed prior to the implementation of CARES related to the need for expansion of services in both inpatient and outpatient services. Option one calls for the building of an ambulatory care facility collocated with Pensacola Naval Hospital, a Community Based Outpatient Clinic at Eglin AFB in conjunction with Tyndall AFB and growth of inpatient options with community hospitals.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Market boundaries within the Network have been designed to incorporate the existing veteran service area for the parent facility. This does not preclude future planning of services within the market. VISN 16 borders five networks; VISN 17 on the Western side from Oklahoma to the Gulf Coast of Texas; VISN 15 on the Oklahoma northern border and 10 counties in Missouri; VISN 9 in the Northern Mississippi border; VISN 7 & 8 surrounding the panhandle of Florida and Southern Alabama counties. Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed. VISN 7 and VISN 8 would like to collaborate with the Eastern Southern Market as the Southern Alabama and Georgia counties have similar concerns regarding growth and lack of health care services in the panhandle of Florida and Southern Georgia. VISN 16 is in the process of exploring options with DoD who have several military medical facilities in the panhandle of Florida. This is a viable option to provide secondary hospital coverage for all three VISN's. In conclusion, VISN 8 and VISN 7 discussed the opportunity to have access to sharing agreements that VISN 16 would negotiate with DoD facilities in the panhandle of Florida. If VISN 16 planned on building an inpatient facility the other networks were interested in accessing this facility. The solutions to the planning initiatives include DoD collaboration for hospital care, inpatient medicine beds, specialty care and primary care. A 140,000 square foot joint VA/DoD state-of-the-art Ambulatory Care Clinic on the Corry Naval Station in Pensacola, Florida is planned to replace the current Pensacola CBOC and the Corry Naval Station Medical Branch Clinic. Space will be included in the clinic for specialty care and primary care. An additional 60,000 square feet will be added to the clinic to meet the specialty and ancillary/diagnostic space gaps. VA/DoD sharing agreements will be increased and/or established to meet the gaps in inpatient medicine and hospital care.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Eastern Southern Market is a new market and consists of eleven counties in Southern Alabama and the Panhandle of Florida with a veteran population of approximately 180,000 veterans in the FY 01 baseline year. The market has experience tremendous veteran population growth. The number of enrollees for the market is expected to peak in FY 08 and will remain above the FY 01 baseline in FY 22. The market consists of three VA Community Based Outpatient Clinics in Mobile, Alabama; Pensacola, Florida; and Panama City, Florida. The nearest inpatient VA facility is Biloxi, Mississippi located greater than one hour from the Mobile CBOC, two hours from the Pensacola CBOC and five hours from the Panama City CBOC. The market has major military installations in Pensacola, Ft. Walton and Panama City Florida. There are currently sharing agreements in-place at all three installations to provide health care services to veterans. The opportunity exists to partner with the DoD medical facilities at Naval Hospital Pensacola, Eglin AFB and Tyndall AFB to provide health cares services to meet the CARES requirements. The market plan includes planning initiatives for Hospital Care, Inpatient Medicine, Primary Care and Specialty Care. The biggest challenge for the market is providing hospital care; inpatient medicine beds and specialty care without a VA inpatient facility in the market. Hospital care access is currently at 4% with the CARES guideline at 65%. The Planning Initiative for inpatient medicine beds has a gap of 44 beds in FY 2202 with a baseline of 22 beds in FY 2001. Primary care access is currently at 60% with the guideline at 70% and primary care capacity has a gap of 77,386 clinic stops in FY 2022. Outpatient specialty care has a gap of 106,868 in FY 2022. The solutions to the planning initiatives include DoD collaboration for hospital care, inpatient medicine beds, specialty care and primary care. A 140,000 square foot joint VA/DoD state-of-the-art Ambulatory Care Clinic on the Corry Naval Station in Pensacola, Florida is planned to replace the current Pensacola CBOC and the Corry Naval Station Medical Branch Clinic. Space will be included in the clinic for specialty care and primary care. An additional 60,000 square feet will be added to the clinic to meet the specialty and primary care space gaps. VA/DoD sharing agreements will be increased and/or established to meet the gaps in inpatient medicine and hospital care. A CBOC will be established in Okaloosa County, Florida to meet the gap in primary care access and hospital care beds will contracted for in the Panama City area to complete the Hospital Care access gap.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

The market contains three existing CBOCs located in Mobile, AL; Pensacola, FL; and Panama City, FL. There are two planning initiatives that will increase primary care access to 73%. Option #1 is to construct a joint VA/DoD State-of-The-Art Ambulatory Care Clinic with Navy Hospital Pensacola to replace the current VA Pensacola CBOC and Corry Naval Station Medical Branch Clinic. This joint clinic will be located on Corry station in close proximity to Navy Hospital Pensacola that will facilitate a closer working relationship and provide the opportunity for sharing of clinical services, space and equipment. A business plan has been submitted through the VA Capital Investment Process. The Biloxi/Pensacola area has been selected for a site survey for a VA/DoD Demonstration Site. In addition, a VA staffed CBOC will be established in Okaloosa County, FL. A business plan has been submitted to the South Central Veterans Health Care Network for approval to establish a CBOC in Okaloosa County. The CBOC will be in close proximity to the Eglin AFB Hospital. Sharing agreements will be established with the Eglin AFB Hospital to provide ancillary, pharmacy, specialty and inpatient care services. Primary Care will also be expanded at Panama City by locating two primary care teams at Tyndall AFB. The advantage of this option is the opportunity to partner with DoD medical facilities that will result in sharing of clinical services, space, and equipment. The disadvantage of this option is construction of space and the dependency of the military installations to jointly share services, space and equipment. Option # 2 is to obtain lease space for replacement of the Pensacola CBOC; establish VA staffed CBOC in leased space; and lease additional space in Panama City for expansion of CBOC. The advantage of this option is that it eliminates the need for construction. The disadvantages are that this option provides only limited opportunities to partner with DoD facilities and will not result in providing the range of additional clinical services as provided in Option #1. The Eastern Southern Market presents a challenge to access for hospital care as there is not a VA inpatient facility located in the market. The nearest inpatient facility is in Biloxi, MS - five hours driving time from the Panama City, FL CBOC, two hours from the Pensacola, FL CBOC and over one hour from the Mobile, AL CBOC. Option #1 is to increase the number of admissions for veterans at Navy Hospital Pensacola; establish admissions at Eglin Air Force Base Hospital; contract for beds in Panama City; and continue a contract with the University of South Alabama Medical School. This can be accomplished by buying the beds from the DoD hospital or

establishing VA staffed Beds. The two planning initiatives previously identified will facilitate expansion and establishment of hospital care at Navy Hospital Pensacola and Eglin AFB Hospital. The advantage of option # 1 is use of existing DoD medical facilities that reduces the cost of construction and duplication of services. This option also provides hospital care at Pensacola, Ft. Walton and Panama City Florida. Access to hospital care can be spread across the entire market meeting the 65% guideline. The disadvantage of this option is the dependency on military installations to obtain the number of beds required to meet the gap at the military installations. Option # 2 is to construct a VA hospital in the the Eastern Southern Market to meet the hospital care gap. A 100 – 125 bed hospital constructed in Pensacola Florida will provide inpatient services for the market. The advantage of this alternative is the establishment of a VA hospital in a market without VA Inpatient Services. The disadvantages are a hospital located in Pensacola, FL will not meet the 65% guideline and the cost of construction, maintenance and duplication of services available at DoD medical facilities.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**62%**	16,188	**72%**	14,011	**71%**	14,268
Hospital Care	**4%**	40,895	**81%**	9,507	**81%**	9,348
Tertiary Care	**77%**	9,798	**76%**	12,009	**75%**	12,300

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Eastern Southern Hospital

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Healthcare Quality and Need:
During the past three years the Gulf Coast Healthcare System has established veteran health care services in the panhandle of Florida, in Pensacola, Panama City and plans for an outpatient clinic in Okaloosa County. DoD has been an integral partner in the establishment of these services. Plans continue to develop for the replacement clinic in Pensacola Fl on Corry Station Naval Air station, which would be located in close proximity to their acute care hospital. The opportunity to relocate the clinic on the Naval Air Station will improve quality of health care and provide for contract hospitalization and specialty services at the Navy Hospital.
Safety and Environment: All construction, leases and renovation will comply with environmental, life safety, handicap, JCAHO and privacy codes. The construction of the joint VA/DoD ambulatory care center, establishment of the Okaloosa CBOC and expansion of primary services to Tyndall AFB will meet the CARES space gap for primary care in the Eastern Southern Market.
Healthcare quality as measured by access: Currently only 4% of the veterans in the Eastern Southern market meet the guideline of 65% for Hospital Care Access. The contracted beds in Mobile and the admissions to Navy Hospital Pensacola are not included in the percentage. The Eastern Southern Market presents a challenge to access for hospital care as there is not a VA inpatient facility located in the market. The nearest inpatient facility is the Biloxi Division of the VA Gulf Coast Veterans Health Care System located in Biloxi Mississippi. This inpatient facility is approximately five hours driving time from the Panama City CBOC, two hours from the Pensacola CBOC and over one hour from the Mobile Alabama CBOC.
Research and Affiliations: There are currently no research programs in the Eastern Southern Market. There may be opportunities to collaborate with DoD facilities in research programs. Both Navy Hospital Pensacola and Eglin AFB Hospital have Family Practice Residency Programs. There is an affiliation with USA for Family Practice Residents at the Mobile Alabama CBOC that will not be affected.
Impact on Staffing and Community: The scenarios described in alternative one will add 25 additional staff for the Pensacola joint clinic, 40 for the Okaloosa County Clinic and 8 for the expansion of the Panama City CBOC to Tyndall AFB. There will be little or no economic impact on the communities involved.
Support of other Missions of VA: This alternative fully supports the mission of the VA to provide quality health care to veterans that is appropriate, timely and close to veterans home. The alternative also incorporates extensive collaboration with DoD facilities

Optimizing Use of Resources: A capital investment plan has been submitted for the replacement of the Pensacola CBOC and a Business plan has been submitted to the South Central Veterans Health Care Network to establish the Okaloosa CBOC. Both projects are the most cost effective as compared to the other alternatives.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

SCVAHCN identified the lack of acute and primary care in the Florida panhandle, Eastern Southern Market. The resolution of this VISN PI is fully described within the Eastern Southern's PI's for Primary Care and Hospital Care Access, in addition to their capacity PI's for Specialty Care, Primary Care and Inpatient Medicine.

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	-	-	18,067	18,067	-	12,410	-	-	-	-	5,657	$ (110,560,544)
Surgery	-	-	5,573	5,573	928	-	-	-	-	-	4,645	$ (124,744,151)
Intermediate/NHCU	-	-	-	-	-	-	-	-	-	-	-	$ -
Psychiatry	-	-	12,314	12,314	358	-	-	-	-	-	11,956	$ (112,337,058)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**-**	**-**	**35,954**	**35,954**	**1,286**	**12,410**	**-**	**-**	**-**	**-**	**22,258**	**$ (347,641,753)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	-	-	145,458	145,458	26,301	8,400	-	-	-	-	110,757	$ (346,630,076)
Specialty Care	-	-	172,883	172,883	38,132	14,000	-	-	-	-	120,751	$ (457,423,489)
Mental Health	-	-	68,364	68,364	49,700	16,000	-	-	-	-	2,664	$ (101,955,256)
Ancillary & Diagnostics	-	-	209,339	209,339	36,757	100,000	-	-	-	-	72,582	$ (142,502,416)
Total	**-**	**-**	**596,044**	**596,044**	**150,890**	**138,400**	**-**	**-**	**-**	**-**	**306,754**	**$ (1,048,511,237)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	-	-	11,767	11,767	-	-	-	-	10,000	-	10,000	(1,767)
Surgery	-	-	9,801	9,801	-	-	-	-	9,000	-	9,000	(801)
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	-	-	19,369	19,369	-	-	-	-	23,000	-	23,000	3,631
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**40,937**	**40,937**	**-**	**-**	**-**	**-**	**42,000**	**-**	**42,000**	**1,063**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	-	-	55,378	55,378	-	-	50,000	-	-	-	50,000	(5,378)
Specialty Care	-	-	132,826	132,826	-	-	120,000	-	4,400	-	124,400	(8,426)
Mental Health	-	-	1,465	1,465	-	-	3,500	-	-	-	3,500	2,035
Ancillary and Diagnostics	-	-	46,452	46,452	-	-	10,000	-	45,600	-	55,600	9,148
Total	**-**	**-**	**236,121**	**236,121**	**-**	**-**	**183,500**	**-**	**50,000**	**-**	**233,500**	**(2,621)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	-	-	49,100	49,100	-	-	-	-	49,100	-	49,100	-
Other	-	-	-	-	-	-	-	-	-	-	-	-
Total	**-**	**-**	**49,100**	**49,100**	**-**	**-**	**-**	**-**	**49,100**	**-**	**49,100**	**-**

D. Upper Western Market

1. Description of Market

a. Market Definition

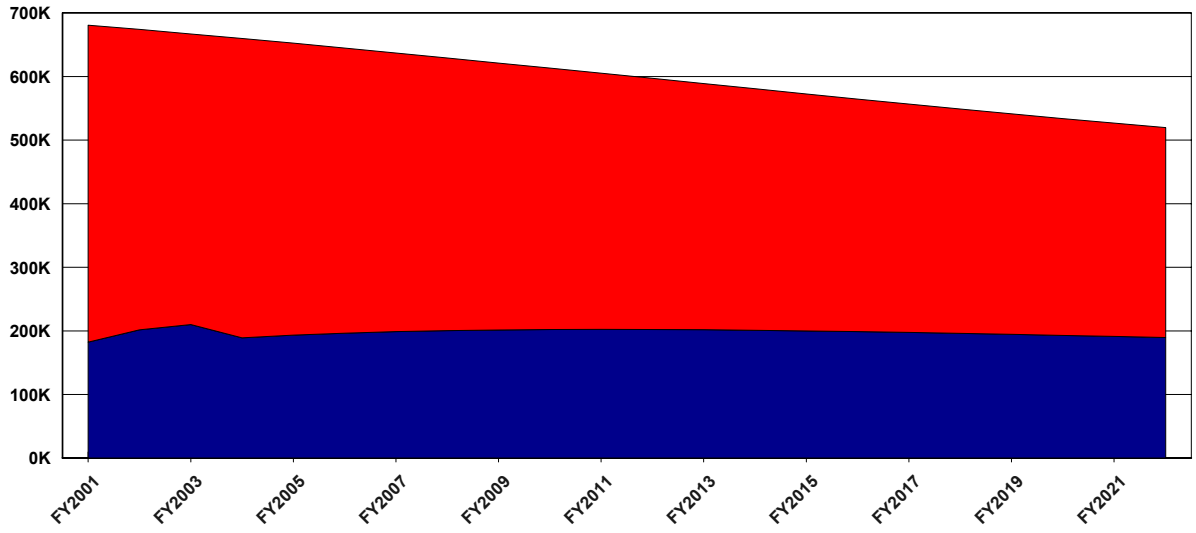
Market	Includes	Rationale	Shared Counties
Upper Western Code: 16D	73 counties in Oklahoma47 counties in Arkansas10 counties in Missouri2 counties in Texas	The Upper Western Market includes 132 counties, largely rural areas with small population counties and large urban areas in each corner of the market. The market includes all Oklahoma counties, two Texas counties, the majority of Arkansas counties and ten Missouri counties. The market has experienced sizeable population growth in the past year, especially in the Tulsa, OK and Fayetteville, AR areas. The market is rural and highly rural in Western Oklahoma and Southern Arkansas and population data supports urban areas in Oklahoma City, Tulsa, Fayetteville and Little Rock. The facilities included in this market area range from highly affiliated tertiary centers, Central Arkansas VA Healthcare System (North Little Rock and Little Rock) and Oklahoma City, to small primary facilities in Fayetteville and Muskogee. The increased population growth has occurred in smaller facilities areas resulting in significant planning needs for enhanced resources and utilization of resources. Establishing secondary services will be needed in these areas to solve veteran access and timeliness issues of specialty services not presently offered in primary hospitals.	VISN 15 and the Upper Western Market will collaborate regarding the 10 Missouri counties. VISN 15 did not include any of VISN 16 counties in their submission but has had several stakeholder comments about the Springfield area lacking adequate services. VISN 15 & 16 has also agreed to have a joint planning meeting.

b. Facility List

VISN : 16				
Facility	**Primary**	**Hospital**	**Tertiary**	**Other**
Fayetteville (AR)				
564 Fayetteville AR	✔	✔	-	-
564BY Gene Taylor	✔	-	-	-
564GA Harrison	✔	-	-	-
564GB Ft. Smith	✔	-	-	-
Little Rock				
598 Central AR. Veterans HCS LR	✔	✔	✔	-
598GA Mountain Home	✔	-	-	-
598GB Eldorado	✔	-	-	-
598GC Hot Springs	✔	-	-	-
Muskogee				
623 Muskogee	✔	✔	-	-
623BY Tulsa	✔	-	-	-
623GA Warren Clinic-McAlister	✔	-	-	-
N. Little Rock				
598A0 Central Ar. Veterans HCS NLR	✔	✔	-	-
Oklahoma City				
635 Oklahoma City	✔	✔	✔	-
635GA Lawton	✔	-	-	-
635GB Wichita Falls	✔	-	-	-
635GC Ponca City	✔	-	-	-
635GD Konawa/Seminole County	✔	-	-	-
635HA Clinton	✔	-	-	-
635HB Ardmore	✔	-	-	-

c. Veteran Population and Enrollment Trends

----- **Projected Veteran Population** ----- **Projected Enrollees**



d. List of All Planning Initiatives & Collaborative Opportunities

CARES Categories Planning Initiatives						
Upper Western Market			**Februrary 2003 (New)**			
Market Pl	**Category**	**Type Of Gap**	**FY2012 Gap**	**FY2012 %Gap**	**FY2022 Gap**	**FY2022 %Gap**
Y	Access to Primary Care					
N	Access to Hospital Care					
N	Access to Tertiary Care					
Y	Primary Care Outpatient Stops	Population Based	**189,422**	**41%**	**96,682**	21%
		Treating Facility Based	**162,045**	**35%**	**74,375**	16%
Y	Specialty Care Outpatient Stops	Population Based	**388,577**	**104%**	**325,803**	**87%**
		Treating Facility Based	**371,044**	**103%**	**311,169**	**86%**
N	Mental Health Outpatient Stops	Population Based	**95,005**	**41%**	**32,022**	14%
		Treating Facility Based	**94,813**	**42%**	**35,663**	16%
Y	Medicine Inpatient Beds	Population Based	**108**	**44%**	**44**	18%
		Treating Facility Based	**111**	**43%**	**47**	18%
N	Surgery Inpatient Beds	Population Based	**32**	**30%**	8	7%
		Treating Facility Based	**35**	**34%**	11	10%
Y	Psychiatry Inpatient Beds	Population Based	**81**	**50%**	**46**	**28%**
		Treating Facility Based	**84**	**54%**	**50**	**32%**

e. Stakeholder Information

Discussion of stakeholder input and how concerns/issues were addressed.

Stakeholder Narrative:

Stakeholders of the Upper Western Market, which consists of VA medical centers in Little Rock/North Little Rock, Fayetteville, Oklahoma City, and Muskogee were informed about CARES through town hall meetings, briefings, e-mails, newsletters, informational letters, fact sheets, brochures, posters, print news articles, and radio and television news segments. Communication with internal and external stakeholders provided the opportunity for comments and questions. Stakeholders included Members of Congress, Veterans Service Organizations, academic affiliates, employees, union representatives, Veterans Benefits Administration, National Cemetery Administration, the Department of Defense, and the general public.

This market includes a small facility planning initiative. The Muskogee VA Medical Center is projected to require 36 beds in 2012 and 27 beds in 2022. The national initiative calls for justification of a continued inpatient presence. Local medical center leadership was proactive in discussing this initiative with stakeholders and included a union representative on their Market Team and at their employee briefings. Stakeholders support the option of expanding Muskogee's mission to include establishing a short-term rehabilitation medicine program and an inpatient psychiatric unit.

The Central Arkansas Veterans Healthcare System, which includes divisions in Little Rock and North Little Rock, has received stakeholder comments regarding community-based outpatient clinics. U.S. Rep. Mike Ross continues to voice interest in a clinic in the Mississippi Delta. For the past several years, there has been notable stakeholder / community interest in establishing a CBOC in Monticello, Ark. Several times, this location has been evaluated, but it has not been determined a viable location based upon prescribed criteria. In addition, stakeholders at CAVHS inquired about methods used to measure time increments for traveling to a VA facility. CAVHS stakeholders also expressed support for options to enhance efficiency at the North Little Rock campus by building an additional wing or freestanding building to support activities currently located in at least 12 different buildings.

Stakeholders have raised no significant issues about CARES at the medical centers in the market. The Market Plan does not include any perceived, potential negative change in services. The Market Plan calls for expansion of primary care, inpatient medicine, inpatient surgery, and outpatient specialty care services.

f. Shared Market Discussion

Detailed info at the facility level for this specific market. Include any linkages with other VISNs for Shared Markets.

Shared Market Narrative:

Market boundaries within the Network have been designed to incorporate the existing veteran service area for the parent facility. This does not preclude future planning of services within the market. VISN 16 borders five networks; VISN 17 on the Western side from Oklahoma to the Gulf Coast of Texas; VISN 15 on the Oklahoma northern border and 10 counties in Missouri; VISN 9 in the Northern Mississippi border; VISN 7 & 8 surrounding the panhandle of Florida and Southern Alabama counties. Shared market discussions have occurred with each bordering network. In each case, VISN 16 agreed to future collaborations with these networks to enhance services and develop hospital coverage in areas where none is available. No county service lines were changed. VISN 16 will explore opportunities to utilize Mental Health and Blind Rehab programs in VISN 17 in Waco,TX. As new CBOC clinics are being explored, VISN 16 and 17 will need to continue in discussions regarding the impact of opening a clinic in Mena, AR and expanding Wichita Falls to accommodate VISN 17's counties. VISN 15 and the Upper Western Market will collaborate regarding the 10 Missouri counties. VISN 15 did not include any of VISN 16 counties in their submission but has had several stakeholder comments about the Springfield area lacking adequate services. Upper Western Market has addressed this concern with the proposed CBOC in Springfield, MO targeted for FY 2004.

g. Overview of Market Plan

Detailed info at the facility level for this specific market. Include strengths, weaknesses, opportunities and potential obstacles associated with the Market Plan.

Executive Summary Narrative:

The Upper Western Market serves the veteran population of AR except for the eastern counties, and OK except the extreme southwestern counties, Southwestern counties in MO and in the central northernmost portion of TX. There are 4 medical centers: Oklahoma City, OK (tertiary care); Muskogee, OK; Fayetteville, AR; and Little Rock, AR (CAVHS) (tertiary care). CAVHS contains 2 divisions, LR and NLR. There are 14 CBOCs, 5 in AR, 1 in MO, and 8 in OK. CARES estimates that 55% of veterans meet the Primary Care (PC)drive time guideline. Analysis revealed the northwestern portion of AR and southwestern portion of MO is affected by the lack of PC access points. The plan places 7 contract CBOCs in AR, 6 contract CBOCs in OK, and 3 contract CBOCs in MO. 132 counties reside within this service area. Workload data projects growth resulting in planning initiatives for PC workload, specialty care, inpatient psychiatry beds, and inpatient medicine beds. The market has incorporated into its planning the need for critical care bed capacity among its medicine and surgery bed totals. This results in the need for increased space at the facilities forcing outpatient space to leased locations to accommodate inpatient needs. PC and specialty care workloads are addressed through contracts at remote locations and expansion of services through leased space. All initiatives that are addressed through the renovation of space or leasing of space are planned at less than the FY 2022 levels. Workload over that capacity will be addressed through community contracts. The proposed market plan minimizes long-term capital investment by resolving gaps through a mix of contracts and leased space whenever possible; however, it assumes provider availability and willingness to provide contract services for demand in years that exceed FY 2022 levels. The Upper Western Market did not have a PI defined for Acute Hospital or Tertiary Care Access but did have a PI for PC Access that indicated 55% of the population had access within the established 30-minute driving time limits. This market does have PIs or gaps for several other Capacity categories: Primary Care, Specialty Care, Medicine, and Psychiatry. This market has gaps that need an increase in current and forecasted services. Future iterations of workload modeling and projections is expected to reveal more PIs in other Capacity categories that have not been taken into consideration in this planning cycle. Muskogee was identified as a Small Facility PI. CAVHS was selected by the Network as a site for a new SCI center to address a Special Population PI. There are collaborative opportunities being explored with VBA, DoD, and the OK Indian Health Services. We have evaluated capacities to meet the demands in-house, by referring to nearby

facilities, converting space, and consolidation of existing functions and services. We have taken into consideration the capacities of our communities and our affiliates. This market needs to transform to meet the projected demands. There are limited capital assets that do exist and have been identified. Additional physical space is needed in the Fayetteville area and plans reflect the appropriate capital resources to establish these additional capacities. Workload from parent facilities has been reallocated to Fayetteville to support this expansion and to ensure healthcare is accessible. The capacities at facilities will, in turn, be improved to better serve the veteran population. Other changes include the effort to utilize available bed space at Muskogee to help meet the Psychiatry and Medicine bed needs. All other capacity needs will be met through efforts to contract services within the community and/or enhancing sharing agreements with affiliates or collaborative partners.

2. Resolution of Market Level Planning Initiatives: Access

Narrative on the impact on access to healthcare services, using VA standards when available.

- If you had an Access PI, describe all alternatives considered, identifying which ones were compared financially in the IBM application.
- Describe the impact on the percentage of the market area enrollees achieving standard travel distance/times for accessing different levels of care

Access Narrative:

Our Primary Care Access planning process involved identifying specific veteran population concentrations by priority levels, age, etc. by county and the specific locales that did not have access to Primary Care within the 30-minute driving time. We then identified specific geography, current roadways and highways as well as future plans for improvements within our market. We then identified boundaries of the 30-minute driving times for existing Primary Care access sites and evaluated various specific cities against each other to get the maximum access to as broad a veteran population base as possible in the greatest veteran density areas first. We determined the specific number and location of sites that would enable the market as a whole to reach its access goal of 70% at the earliest date possible but no later than by FY 2012. We assessed the potential for community and DoD facilities that we could engage to obtain access to care. We were able to locate our new sites outside of the 30-minute driving time of existing Primary Care sites and did not impact allocations to parent facilities. We determined specific locations that "best fit" the needs of the veteran population, expected access patterns, and considering the current and future population projections and demands. We defined 16 sites to establish new CBOCs specifically to meet our goals for Primary Care Access. These sites are planned to activate beginning in FY 2004 and commencing in FY 2012. Our activation schedule is noted here along with the facility within the Upper Western Market that will be considered the parent facility and the specific zip code of the CBOC location: FY 2004: CAVHS-Mena(71953), Fay-Springfield(65804), Musk-Vinita(74301); FY 2005: Fay-Jay(74346), OKC-Enid(73701), Musk-Talihina(74571); FY 2006: CAVHS-Searcy(72143), Fay-Webb city(64870); FY 2007: CAVHS-Conway(72032),Fay-Branson(65616); FY 2008: OKC-Altus(73521); FY 2009: CAVHS-Pine Bluff(71601),Fay-Ozark(72949); FY 2010: Fay-Bella Vista(72715); FY 2011: OKC-Stillwater (74015); FY 2012: CAVHS-Russellville(72801). There were numerous alternatives considered and there are numerous methods for developing these new access points that will be employed. We will have VA staffed clinics in leased space, contracts with existing Primary Care providers, arrangements with Indian Health Services in Oklahoma, and expanding contract arrangements within the larger metropolitan cities where parent facilities exist. In evaluating the Healthcare Quality and Need we quickly realized that Fayetteville's service area had experienced the greatest volume of growth and needed to be corrected as soon as possible. We concentrated the

activation of CBOC new sites in areas that exhibited the greatest variance from the criteria earlier in our cycle than others. This effort is intended to provide greater and more equitable access across the Market Area as a whole. All sites, whether leased space or contracted, will provide safe and appropriate facilities that meet our privacy, code, and accessibility standards. Sites have been located within areas that may also allow us to extend specialty services to the targeted populations as well. These cities also contain or are capable of supporting our healthcare needs from a community support and staffing basis. Many of these communities will be enhanced by our initiatives to seek and place providers within their areas. We also maintain an acute awareness of the need to engage every means for establishing these sites in the most optimal method to conserve resources and support other missions of the VA. Referral patterns for acute and tertiary care will continue and the appropriate mix of specialty services have been considered and will be made accessible as we activate these new sites for Primary Care.

Service Type	Baseline FY 2001		Proposed FY 2012		Proposed FY 2022	
	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines	% of enrollees within Guidelines	# of enrollees outside access Guidelines
Primary Care	**54%**	92,941	**70%**	60,655	**73%**	51,152
Hospital Care	**67%**	66,675	**69%**	62,677	**70%**	56,836
Tertiary Care	**100%**	-	**100%**	-	**100%**	-

Guidelines:

Primary Care: Urban & Rural Counties – 30 minutes drive time
Highly Rural Counties– 60 minutes drive time

Hospital Care: Urban Counties – 60 minutes drive time
Rural Counties – 90 minutes drive time
Highly Rural Counties – 120 minutes drive time

Tertiary Care: Urban & Rural Counties – 4 hours
Highly Rural Counties – within VISN

3. Facility Level Information – Fayetteville (AR)

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	9,544	(346)	8,802	(1,088)	3,000	-	-	-	-	-	5,802	$ 7,294,207
Surgery	810	(566)	811	(565)	122	-	-	-	-	-	689	$ -
Intermediate/NHCU	11,869	-	11,869	-	10,208	-	-	-	-	-	1,661	$ -
Psychiatry	6,151	2,541	5,269	1,659	2	-	-	-	-	-	5,267	$ 14,691,050
PRRTP	3	-	3	-	-	-	-	-	-	-	3	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**28,378**	**1,630**	**26,754**	**6**	**13,332**	**-**	**-**	**-**	**-**	**-**	**13,422**	**$ 21,985,257**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	101,960	10,020	101,961	10,021	13,474	-	-	-	-	-	88,487	$ (4,031,160)
Specialty Care	119,426	74,960	135,036	90,570	5,402	-	-	-	-	-	129,634	$ (58,054,259)
Mental Health	35,290	17,718	35,291	17,719	1,412	-	-	-	-	-	33,879	$ (3,309,669)
Ancillary & Diagnostics	71,103	37,588	79,290	45,775	28,000	-	-	-	-	-	51,290	$ (20,359,664)
Total	**327,779**	**140,286**	**351,578**	**164,085**	**48,288**	**-**	**-**	**-**	**-**	**-**	**303,290**	**$ (85,754,752)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	19,059	8,637	12,068	1,646	10,422	-	-	-	-	-	10,422	(1,646)
Surgery	1,303	(325)	1,302	(326)	1,628	-	-	-	-	-	1,628	326
Intermediate Care/NHCU	3,256	-	3,255	(1)	3,256	-	-	-	-	-	3,256	1
Psychiatry	14	(5,192)	8,533	3,327	5,206	-	-	-	2,100	-	7,306	(1,227)
PRRTP	-	-	14	14	-	-	-	-	-	-	-	(14)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**23,633**	**3,121**	**25,172**	**4,660**	**20,512**	**-**	**-**	**-**	**2,100**	**-**	**22,612**	**(2,560)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	49,961	29,796	44,244	24,079	20,165	-	-	-	23,000	-	43,165	(1,079)
Specialty Care	157,070	134,885	177,599	155,414	22,185	-	120,000	-	17,000	-	159,185	(18,414)
Mental Health	28,120	16,339	28,120	16,339	11,781	-	-	-	11,000	-	22,781	(5,339)
Ancillary and Diagnostics	62,798	50,301	49,238	36,741	12,497	-	20,000	5,602	-	-	38,099	(11,139)
Total	**297,949**	**231,321**	**299,201**	**232,573**	**66,628**	**-**	**140,000**	**5,602**	**51,000**	**-**	**263,230**	**(35,971)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	341,495	251,748	89,747	-	89,747	-	-	-	-	-	89,747	-
Other	4,262	-	4,262	-	4,262	-	-	-	-	-	4,262	-
Total	**345,757**	**251,748**	**94,009**	**-**	**94,009**	**-**	**-**	**-**	**-**	**-**	**94,009**	**-**

4. Facility Level Information – Little Rock

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Medicine	9,544	(346)	8,802	(1,088)	3,000	-	-	-	-	-	5,802	$	7,294,207
Surgery	810	(566)	811	(565)	122	-	-	-	-	-	689	$	-
Intermediate/NHCU	11,869	-	11,869	-	10,208	-	-	-	-	-	1,661	$	-
Psychiatry	6,151	2,541	5,269	1,659	2	-	-	-	-	-	5,267	$	14,691,050
PRRTP	3	-	3	-	-	-	-	-	-	-	3	$	-
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$	-
Total	**28,378**	**1,630**	**26,754**	**6**	**13,332**	**-**	**-**	**-**	**-**	**-**	**13,422**	**$**	**21,985,257**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**	
Primary Care	101,960	10,020	101,961	10,021	13,474	-	-	-	-	-	88,487	$	(4,031,160)
Specialty Care	119,426	74,960	135,036	90,570	5,402	-	-	-	-	-	129,634	$	(58,054,259)
Mental Health	35,290	17,718	35,291	17,719	1,412	-	-	-	-	-	33,879	$	(3,309,669)
Ancillary & Diagnostics	71,103	37,588	79,290	45,775	28,000	-	-	-	-	-	51,290	$	(20,359,664)
Total	**327,779**	**140,286**	**351,578**	**164,085**	**48,288**	**-**	**-**	**-**	**-**	**-**	**303,290**	**$**	**(85,754,752)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	19,059	8,637	12,068	1,646	10,422	-	-	-	-	-	10,422	(1,646)
Surgery	1,303	(325)	1,302	(326)	1,628	-	-	-	-	-	1,628	326
Intermediate Care/NHCU	3,256	-	3,255	(1)	3,256	-	-	-	-	-	3,256	1
Psychiatry	9,966	4,760	8,533	3,327	5,206	-	-	-	2,100	-	7,306	(1,227)
PRRTP	14	14	14	14	-	-	-	-	-	-	-	(14)
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**33,599**	**13,087**	**25,172**	**4,660**	**20,512**	**-**	**-**	**-**	**2,100**	**-**	**22,612**	**(2,560)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	49,961	29,796	44,244	24,079	20,165	-	-	-	23,000	-	43,165	(1,079)
Specialty Care	157,070	134,885	177,599	155,414	22,185	-	120,000	-	17,000	-	159,185	(18,414)
Mental Health	28,120	16,339	28,120	16,339	11,781	-	-	-	11,000	-	22,781	(5,339)
Ancillary and Diagnostics	62,798	50,301	49,238	36,741	12,497	-	20,000	5,602	-	-	38,099	(11,139)
Total	**297,949**	**231,321**	**299,201**	**232,573**	**66,628**	**-**	**140,000**	**5,602**	**51,000**	**-**	**263,230**	**(35,971)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	341,495	251,748	89,747	-	89,747	-	-	-	-	-	89,747	-
Other	4,262	-	4,262	-	4,262	-	-	-	-	-	4,262	-
Total	**345,757**	**251,748**	**94,009**	**-**	**94,009**	**-**	**-**	**-**	**-**	**-**	**94,009**	**-**

5. Facility Level Information – Muskogee

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

Three options for addressing the Small Facility Planning nitiative were evaluated for Muskogee, OK: Alternative A- Retain existing acute bed workload at Muskogee. Enhance Muskogee mission to establish a 20-bed Short Term Rehabilitation Medicine Program and a 15-bed Inpatient Psychiatric Unit; Alternative B - Close acute beds and reallocate workload to VAMC, Oklahoma City, OK or Fayetteville, AR; and, Alternative C – Close acute beds and contract for workload in the Tulsa Health Care Community and surrounding communities to meet access criteria. Alternative A was selected because quality of care is present at Muskogee VAMC in its acute care hospital operations. Reviews by accrediting agencies show the quality of care is high. On the most recent Joint

Commission Hospital Accreditation Survey (November 2002), Muskogee VAMC received a Score of 94 with no Type I recommendations. The environment of care is superior. No major capital investments are needed for Muskogee to continue its current mission that includes inpatient beds. Minimal capital investment is needed to prepare the site for the enhanced mission proposed in Alternate A. Operational costs are competitive. VAMC Muskogee provides health care in a cost effective manner. The medical center has the second lowest obligations per unique patient of the ten medical centers in VISN 16 and the third lowest obligations per unique patient of the twelve facilities in its Medical Cost Group (MCG-3). The Clinical Inventory suggests that the mission of VAMC Muskogee matches well the demands of the veteran population with the exception of Mental Health and Specialty Care. This option provides for mission changes to meet the unmet needs in these two areas. Alternate B was rejected because: 1) Both Oklahoma City and Fayetteville are already at capacity and cannot accept the Muskogee workload without creating new space through major construction projects. 2) Closing acute beds in Muskogee and moving workload to another VA will create an Acute Hospital Access Planning Initiative that does not exist in the Upper Western Market at this time. 3) Academic affiliations would be adversely affected. Nurse training and residency programs with ten educational institutions would end aggravating the shortage of nurses in Oklahoma. 4) Closing the medicine/surgical wards would create an additional 100,000 gross square feet of vacant space at the Medical Center. 5) Closing beds in Muskogee would stress the current community health system in as users might choose to seek care in their communities rather than traveling to Fayetteville or Oklahoma City for care. 6) Closing inpatient services would likely stimulate political activity within local veteran service organizations and the community. Alternative C was rejected because: 1) Cost per unique patient would be significantly higher in the community since risk associated with health care would be the responsibility of the contractor. 2) Except for beds placed in Tulsa, beds contracted in the community are likely to be in facilities with fewer than 50 beds. 3) Ensuring one level of care would be more difficult since quality control would be administered through contracts. A comprehensive inspection program would be needed, similar to Nursing Home Care Inspections, to assure the same level of care. 4) Academic affiliations would be adversely affected. Nurse training and residency programs with ten educational institutions would end aggravating the nursing shortage in Oklahoma. 5) Closing the medicine/surgical wards would create an additional 100,000 gross square feet of vacant space at the Medical Center. 6) Local community hospitals would not have the expertise to handle veteran specific issues. Trends in veteran health issues might go unrecognized by community providers. 7) Closing inpatient services would likely stimulate political activity within local veteran service organizations and the community.

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	10,268	4,183	19,516	13,431	1,268	-	-	-	-	-	18,248	$ (214,755,689)
Surgery	819	(416)	819	(416)	9	-	-	-	-	-	810	$ -
Intermediate/NHCU	78,748	-	78,748	-	70,086	-	-	-	-	-	8,662	$ -
Psychiatry	347	(32)	7,748	7,369	2,281	-	-	-	-	-	5,467	$ (62,917,377)
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**90,181**	**3,734**	**106,831**	**20,384**	**73,644**	**-**	**-**	**-**	**-**	**-**	**33,187**	**$ (277,673,066)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	113,531	35,977	113,532	35,977	13,361	-	-	-	-	-	100,171	$ 9,476,696
Specialty Care	140,989	92,339	141,015	92,365	100,000	-	-	-	-	-	41,015	$ 87,184,309
Mental Health	43,006	20,679	43,006	20,680	18,000	-	-	-	-	-	25,006	$ (3,527,219)
Ancillary & Diagnostics	163,954	43,279	163,978	43,303	80,000	-	-	-	-	-	83,978	$ (18,470,738)
Total	**461,480**	**192,274**	**461,531**	**192,325**	**211,361**	**-**	**-**	**-**	**-**	**-**	**250,170**	**$ 74,663,048**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	23,245	1,014	42,153	19,922	22,231	13,000	-	-	-	-	35,231	(6,922)
Surgery	1,614	(3,571)	1,612	(3,573)	5,185	-	-	-	-	-	5,185	3,573
Intermediate Care/NHCU	10,164	-	10,164	-	10,164	-	-	-	-	-	10,164	-
Psychiatry	545	545	8,857	8,857	-	8,900	-	-	-	-	8,900	43
PRRTP	-	-	-	-	-	-	-	-	-	-	-	-
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**35,567**	**(2,013)**	**62,786**	**25,206**	**37,580**	**21,900**	**-**	**-**	**-**	**-**	**59,480**	**(3,306)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	53,928	5,691	50,086	1,849	48,237	-	-	-	-	-	48,237	(1,849)
Specialty Care	185,260	142,506	59,882	17,128	42,754	3,000	-	-	-	-	45,754	(14,128)
Mental Health	31,050	20,703	19,005	8,658	10,347	6,000	-	-	-	-	16,347	(2,658)
Ancillary and Diagnostics	101,783	63,696	53,746	15,659	38,087	4,000	-	-	-	-	42,087	(11,659)
Total	**372,021**	**232,596**	**182,719**	**43,294**	**139,425**	**13,000**	**-**	**-**	**-**	**-**	**152,425**	**(30,294)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	-	-	-	-	-	-	-	-	-	-	-
Administrative	366,830	207,164	220,954	61,288	159,666	-	-	-	-	-	159,666	(61,288)
Other	23,646	-	23,646	-	23,646	-	-	-	-	-	23,646	-
Total	**390,476**	**207,164**	**244,600**	**61,288**	**183,312**	**-**	**-**	**-**	**-**	**-**	**183,312**	**(61,288)**

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6. Facility Level Information – North Little Rock

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

No Impact

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

Identified as a potential site for a new construction project to replace the existing VBA office located on the Central Arkansas Healthcare System-North Little Rock campus. This project was not identified as a high priority for VBA budget year FY 2004. If this project would be completed the North Little Rock campus would proceed with a renovation project of Bldg 111 to expand Primary Care and Specialty Care at the North Little Rock campus of the CAVHS.

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN										
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	11,824	(494)	11,824	(494)	-	-	-	-	-	-	11,824	$ (1,444,249)
Surgery	586	(699)	587	(698)	-	-	-	-	-	-	587	$ (96,283)
Intermediate/NHCU	166,177	-	166,177	-	116,324	-	-	-	-	-	49,853	$ -
Psychiatry	36,504	9,815	34,699	8,010	3,500	-	-	5,213	-	-	36,412	$ (29,084,441)
PRRTP	8	-	8	-	-	-	-	-	-	-	8	$ -
Domiciliary	40,601	-	40,601	-	-	-	-	-	-	-	40,601	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ (4,772,986)
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**255,700**	**8,622**	**253,896**	**6,818**	**119,824**	**-**	**-**	**5,213**	**-**	**-**	**139,285**	**$ (35,397,959)**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**										
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	45,525	10,480	45,526	10,481	-	-	-	16,320	-	-	61,846	$ (31,296,624)
Specialty Care	54,923	27,873	52,779	25,729	2,000	-	-	-	-	-	50,779	$ (3,726,894)
Mental Health	105,947	(6,002)	105,947	(6,002)	-	-	9,715	-	-	-	96,232	$ 21,657,137
Ancillary & Diagnostics	42,470	21,997	42,441	21,968	-	-	-	10,000	-	-	52,441	$ (18,686,907)
Total	**248,865**	**54,348**	**246,693**	**52,176**	**2,000**	**-**	**9,715**	**26,320**	**-**	**-**	**261,298**	**$ (32,053,288)**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)		Space (GSF) proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Medicine	24,594	16,885	24,594	16,885	7,709	15,000	-	-	-	-	22,709	(1,885)
Surgery	974	974	974	974	-	1,000	-	-	-	-	1,000	26
Intermediate Care/NHCU	65,377	-	65,377	-	65,377	-	-	-	-	-	65,377	-
Psychiatry	73,008	35,114	72,824	34,930	37,894	25,000	-	-	-	-	62,894	(9,930)
PRRTP	8,507	-	-	(8,507)	8,507	-	-	-	-	-	8,507	8,507
Domiciliary program	56,102	-	56,102	-	56,102	-	-	-	-	-	56,102	-
Spinal Cord Injury	-	-	34,672	34,672	-	-	34,672	-	-	-	34,672	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**228,562**	**52,973**	**254,543**	**78,954**	**175,589**	**41,000**	**34,672**	**-**	**-**	**-**	**251,261**	**(3,282)**
	Space (GSF) (from demand projections)		**Space (GSF) proposed by Market Plan**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Primary Care	34,145	(68)	46,384	12,172	34,212	1,600	-	-	-	-	35,812	(10,572)
Specialty Care	68,654	37,148	63,474	31,968	31,506	17,000	-	-	-	-	48,506	(14,968)
Mental Health	83,698	(10,121)	76,023	(17,796)	93,819	-	-	-	-	-	93,819	17,796
Ancillary and Diagnostics	40,771	(1,799)	50,343	7,773	42,570	-	-	-	-	-	42,570	(7,773)
Total	**227,268**	**25,161**	**236,224**	**34,117**	**202,107**	**18,600**	**-**	**-**	**-**	**-**	**220,707**	**(15,517)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance from 2001**	**Existing GSF**	**Convert Vacant**	**New Construction**	**Donated Space**	**Leased Space**	**Enhanced Use**	**Total Proposed Space**	**Space Needed/ Moved to Vacant**
Research	-	(44,508)	33,101	(11,407)	44,508	-	-	-	-	-	44,508	11,407
Administrative	405,274	63,587	341,687	-	341,687	-	-	-	-	-	341,687	-
Other	83,921	-	83,921	-	83,921	-	-	-	-	-	83,921	-
Total	**489,195**	**19,079**	**458,709**	**(11,407)**	**470,116**	**-**	**-**	**-**	**-**	**-**	**470,116**	**11,407**

7. Facility Level Information – Oklahoma City

a. Resolution of VISN Level Planning Initiatives

Resolution Narrative of Proximity PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

Proximity Narrative:

No Impact

Resolution Narrative of Small Facility PI

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the current situation.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Describe the preferred alternative and its impact on the CARES Criteria.
- Provide more detail than provided at the Network level narrative. Describe actual changes planned at this particular facility.

Small Facility Narrative:

No Impact

DOD Collaborative Opportunities

Describe DOD Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

DOD Narrative:

Healthcare Quality and Need: OKC actively pursues collaborative opportunities with DoD installations. As our three proposed CBOCs are established in outlying areas, to solve our Access and Primary Care Capacity PIs, the location of military installations will be considered first.
Tinker Air Force Base in the OKC area does not have any inpatient beds. They only have one Ortho doctor and one Internal Medicine Doctor and two General Surgeons. They do not have Opthalmology. They have space issues themselves and do not perceive that they have excess capacity to support our needs.
Limited opportunities do exist at the Fort Sill Army Base in the Lawton, OK area, however, they are not located close to the OKC area, where the bulk of the demand is centered. However, we are exploring opportunities for coverage of dental and other possibilities for collaboration with them.
Safety and Environment: There should be no impact due to the fact that we require and apply the same criteria for any contracted work or CBOC as if we do the work in the medical center. All issues of physical, access, primary, and code compliance must be met.
Healthcare quality as measured by access:
Oklahoma City VAMC currently does not have dental services in the Lawton CBOC, the veterans in this area are scheduled at the OKC dental service. To establish this service would provide services closer to veterans and reduce the waiting time for a scheduled appointment. Currently, sharing agreements are in place to provide physicals to the Air National Guard. By providing military physicals allows for coordination of enrollment into the VA healthcare system. Which will enhances the ability to provide coordination and continuum of care to meet the "whole" needs of the veteran.
Research and Affiliations: There will be no impact as a result of our alternative to improve our ability to meet the demands for additional workload. Our affiliations and research will remain intact and viable.
Impact on Staffing and Community: We are faced with an increase in workload. There will be a need for additional funding for staffing and community resources so we expect very favorable impacts to support the continued health of the community.
Recruitment for hard to recruit professions as well as recruitment of professionals to engage in contracting opportunities will continue to be a challenge, Lawton is a small community and may be difficult to recruit dentists.
We will hold Town meetings and special CARES briefing sessions with our staff and stakeholders.

Support of other Missions of VA: These alternatives fully support the mission of the VA to provide quality health care to veterans that is appropriate, timely and close to veterans home.
Optimizing Use of Resources: Utilizing existing capacity that may become available at Ft. Sill Army Base in dental capacity would result in minimizing the new construction needs at Lawton VA CBC. In addition, if primary care services could be expanded through the collaboration with DoD resources clinics could be open in a relatively short time frame.

VBA Collaborative Opportunities

Describe VBA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

VBA Narrative:

No Impact

NCA Collaborative Opportunities

Describe NCA Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

NCA Narrative:

No Impact

Top Enhanced Use Market Opportunity

Describe EU Collaborative opportunities and how they support the resolution of workload or other Planning Initiatives. Briefly describe how they impact the CARES criteria.

Enhanced Use Narrative:

No Impact

Resolution of VISN Identified PIs

A narrative summary of proposed resolution and alternatives considered, with an overview of criteria.

- Describe the status Quo.
- Describe the preferred alternative and its impact on the CARES Criteria. Provide more detail than provided at the Network level narrative.
- Describe actual changes planned at this particular facility.
- List all alternatives considered. (Post narrative detail to the CARES portal)
- Discussion of Proposed PI in relation to the CARES criteria

VISN Identified Planning Initiatives Narrative:

No Impact

b. Resolution of Capacity Planning Initiatives

Proposed Management of Workload – FY 2012

	# BDOCs (from demand projections)		# BDOCs proposed by Market Plans in VISN									
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total BDOCs**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Medicine	36,329	17,164	31,830	12,665	8,800	-	-	-	-	-	23,030	$ 149,740,143
Surgery	17,899	5,922	17,899	5,922	6,200	-	-	-	-	-	11,699	$ 19,848,628
Intermediate/NHCU	106,389	-	106,389	-	101,070	-	-	-	-	-	5,319	$ -
Psychiatry	25,896	10,630	21,324	6,058	11,300	-	-	-	-	-	10,024	$ 108,525,529
PRRTP	-	-	-	-	-	-	-	-	-	-	-	$ -
Domiciliary	-	-	-	-	-	-	-	-	-	-	-	$ -
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	$ -
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	$ -
Total	**186,513**	**33,716**	**177,442**	**24,645**	**127,370**	**-**	**-**	**-**	**-**	**-**	**50,072**	**$ 278,114,300**
	Clinic Stops (from demand projections)		**Clinic Stops proposed by Market Plans in VISN**									
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Total Stops**	**Variance from 2001**	**Contract**	**Joint Ventures**	**Transfer Out**	**Transfer In**	**In Sharing**	**Sell**	**In House**	**Net Present Value**
Primary Care	192,876	45,032	192,877	45,033	70,000	-	-	-	-	-	122,877	$ 34,386,711
Specialty Care	221,006	123,942	221,026	123,962	140,000	-	-	-	-	-	81,026	$ 43,416,620
Mental Health	104,397	39,649	104,398	39,649	47,000	-	-	-	-	-	57,398	$ 15,179,629
Ancillary & Diagnostics	257,056	116,105	257,118	116,166	129,000	-	-	-	-	-	128,118	$ 28,264,693
Total	**775,336**	**324,727**	**775,419**	**324,811**	**386,000**	**-**	**-**	**-**	**-**	**-**	**389,419**	**$ 121,247,653**

Proposed Management of Space – FY 2012

	Space (GSF) (from demand projections)											
INPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Medicine	94,233	64,427	60,339	30,533	29,806	10,927	-	5,258	-	-	45,991	(14,348)
Surgery	29,891	13,993	19,537	3,639	15,898	-	-	-	-	-	15,898	(3,639)
Intermediate Care/NHCU	-	-	-	-	-	-	-	-	-	-	-	-
Psychiatry	45,836	35,222	17,742	7,128	10,614	3,000	-	-	-	-	13,614	(4,128)
PRRTP	-	(6,094)	-	(6,094)	6,094	-	-	-	-	-	6,094	6,094
Domiciliary program	-	-	-	-	-	-	-	-	-	-	-	-
Spinal Cord Injury	-	-	-	-	-	-	-	-	-	-	-	-
Blind Rehab	-	-	-	-	-	-	-	-	-	-	-	-
Total	**169,960**	**107,548**	**97,618**	**35,206**	**62,412**	**13,927**	**-**	**5,258**	**-**	**-**	**81,597**	**(16,021)**
	Space (GSF) (from demand projections)											
OUTPATIENT CARE	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Primary Care	89,688	42,609	61,438	14,359	47,079	-	-	-	-	-	47,079	(14,359)
Specialty Care	274,489	189,212	111,816	26,539	85,277	-	-	-	-	-	85,277	(26,539)
Mental Health	63,787	35,139	37,309	8,661	28,648	-	-	-	-	-	28,648	(8,661)
Ancillary and Diagnostics	149,710	87,136	81,996	19,422	62,574	-	-	-	-	-	62,574	(19,422)
Total	**577,674**	**354,096**	**292,559**	**68,981**	**223,578**	**-**	**-**	**-**	**-**	**-**	**223,578**	**(68,981)**
NON-CLINICAL	**FY 2012**	**Variance from 2001**	**Space Driver Projection**	**Variance fr 2001**								**Space Needed/ Moved to Vacant**
Research	-	(29,397)	44,279	14,882	29,397	583	-	-	6,000	-	35,980	(8,299)
Administrative	419,597	249,768	228,276	58,447	169,829	-	-	-	-	-	169,829	(58,447)
Other	30,065	-	30,065	-	30,065	-	-	-	-	-	30,065	-
Total	**449,662**	**220,371**	**302,620**	**73,329**	**229,291**	**583**	**-**	**-**	**6,000**	**-**	**235,874**	**(66,746)**